

ROUTING SLIP FOR INVOICES

DATE 7/16/2018

CONTRACTOR Caring to Love

CFMS 2000224936

MONTH OF SERVICE June 2018

TO LeBlanc

INITIAL REVIEW J

DATE 7/18/18

FSPS2 REVIEW

DATE

Program Manager 1/2 ✓

DATE 7/18/18

POSTED TO SPREADSHEET ✓

SENT TO FISCAL 7/19/18 EQUIPMENT TO BE TAGGED? no

ADVANCE RECOUPMENT?

COMMENTS:

Positive pregnancy test reduced by
#10,000 dc line item balance is
now \$



DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Cost Reimbursement Invoice Form

Caring To Love Ministries

Contractor Name

3813 N Flannery Rd

Mailing Address

Baton Rouge, LA 70814

City, State, Zip

Dorothy Wallis / 225-273-1124

Contact Person/Telephone Number

June 2018

Service Period

2000 224936

Contractor/PO#

2000 224936-0618

Invoice Number

EXPENDITURES

EXPENDITURE CATEGORY	APPROVED BUDGET	CURRENT PERIOD EXPENDITURES	PRIOR PERIOD EXPENDITURES	CUMMULATIVE EXPENDITURES	REMAINING CONTRACT BALANCE	COST SHARING
(A)	(B)	(C)	(D)	(E)	(F)	(G)
PERSONNEL	\$ 72,960.00	\$ 5,382.86	\$ 53,444.74	\$ 58,827.60	\$ 14,132.40	
FRINGE BENEFITS	\$ 10,309.44	\$ 539.27	\$ 7,604.26	\$ 8,143.53	\$ 2,165.91	
TRAVEL	\$ 1,080.00	\$ -	\$ 1,080.00	\$ 1,080.00	\$ -	
OPERATING SERVICES	\$ 60,370.56	\$ 2,174.95	\$ 56,614.54	\$ 58,789.49	\$ 1,581.07	
MAT/SUPPLIES	\$ -	\$ -	\$ -	\$ -	\$ -	
PROFESSIONAL SERVICES	\$ 94,200.00	\$ 8,900.00	\$ 82,181.25	\$ 91,081.25	\$ 3,118.75	
OTHER CHARGES	\$ 434,880.00	\$ 17,270.00 17,340.00	\$ 416,720.00	\$ 434,060.00	\$ 820.00	
EQUIPMENT/ACQUISITIONS		\$ -	\$ -	\$ -	\$ -	
INDIRECT COST	\$ 57,000.00	\$ 4,750.00	\$ 52,250.00	\$ 57,000.00	\$ -	
TOTALS	\$ 730,800.00	\$ 39,087.08	\$ 669,894.79	\$ 708,981.87	\$ 21,818.13	\$ -

\$ 39,087.08

Contractor Certification

I certify that the expenditures detailed above are correct, that payment for these services has not been previously issued, and that the services were rendered in accordance with the terms and conditions of the contract.

, President/CEO

7/11/2018

Signature of Authorized Contractor Representative and Title

Date

FOR DCFS USE ONLY				
DCFS Invoice Number <i>224936 0618</i>	Org <i>4274</i>	Obj <i>3740</i>	Rep Cat <i>5071 Line 2</i>	ACTV
	Org	Obj	Rep Cat	Sub Obj
	Org	Obj	Rep Cat	ACTV

Program Compliance Approval <i>Dorothy Wallis</i>	I certify that the expenditures have been reviewed in accordance with contract and program guidelines and deliverables have been received. <i>Dorothy Wallis Program Manager 7/18/18</i>
	Signature and Title of Authorized DCFS Official

'05. Proj. Test Reduced by \$7000 + line balance is now 0

Jeanine LeBlanc 7/18/18

**LIFE CHOICE PROJECT
PROVIDER REQUEST FOR PAYMENT
COST REIMBURSEMENT INVOICE**

CONTRACTOR:	<u>Caring to Love Ministries</u>	REPORT CATEGORY #	<u>5071</u>
SERVICE PROVIDED:	<u>Abortion Alternative Statewide.</u>	P. O. #	<u>2000 224936</u>
ADDRESS	<u>3813 N. Flannery Rd.</u>	GRS ORG CODE #	<u>4274</u>
	<u>Baton Rouge, LA 70814</u>	OBJECT CODE	<u>3740</u>
CONTACT PERSON:	<u>Dorothy Wallis</u>	INVOICE #	<u>2000224936-0618</u>
TITLE:	<u>President/CEO</u>	PHONE #	<u>225-273-1124</u>
		MONTH & YEAR	<u>June 2018</u>
		PARISH SERVED:	<u>Statewide</u>

CUMM PREVIOUS 1st MONTH PARTICIPANTS	<u>2184</u>
1st MONTH PARTICIPANTS SERVED THIS MONTH:	<u>329</u>
CUMMULATIVE 1st MONTHPARTICIPANTS	<u>2513</u>

SECTION A - SALARY

Services Coordinator	Sanaretha Gray	1,202.86	
Home Prenatal Care Nurse	Emily McCool	1,600.00	
Home Prenatal Care Educator	J Monic Adams	980.00	
Clerical Support Specialist	Margaret Thompson	<u>1,600.00</u>	
	TOTAL SALARIES-Direct Svcs	<u>5,382.86</u>	<u>5,382.86</u>

SECTION B - FRINGE

Insurance	Direct Services	0.00	
FICA	Direct Services	411.79	
Worker's Compensation	Direct Services	<u>127.48</u>	
	TOTAL FRINGES-Direct Svcs	<u>539.27</u>	<u>539.27</u>

SECTION C - TRAVEL

Travel	Direct Services	0.00	
	TOTAL TRAVEL-Direct Svcs	<u>0.00</u>	<u>0.00</u>

SECTION D - OPERATING EXPENSES

Printing	Direct Services	337.95	<i>p.d.</i>
Printing	Direct Services	0.00	
Office Supplies	Direct Services	0.00	
Copy Machine	Direct Services	250.00	<i>p.d.</i>
Internet Service	6-19-18 Direct Services	195.00	<i>p.d.</i>
Media	Direct Services	0.00	
Website	Direct Services	517.00	<i>p.d.</i>
KNOWforSURE	6-30-18 Direct Services	<u>875.00</u>	<u>p.d.</u>
	TOTAL OPERATING EXPENSES FOR MONTH	<u>2,174.95</u>	<u>2,174.95</u>

*NAmerica - 6-1-18 - 163.95 - LifeChoice
NAmerica - 6-1-18 - 174.00 - AdChoice
337.95*

Page 2/3

*Website = Wufdo = 6-20-18 \$17.00
Kelsy Davis - 6-28-18 - \$500.00
\$517.00*

LIFE CHOICE PROJECT**PROVIDER REQUEST FOR PAYMENT****COST REIMBURSEMENT INVOICE**CONTRACTOR: Caring to Love Ministries**SECTION F - PROFESSIONAL**

Accounting Services	Vickie Davis	2,200.00	<i>pd</i>
Performance Improvement Coo	Garcia Bodley	2,025.00	<i>pd</i>
Public Relations/Media Coord	Randy Rice	700.00	<i>pd</i>
Webmaster/Info Tech Cons.	Kathleen Benfield	700.00	<i>pd</i>
Information Technology Cons.	Turnkey	250.00	<i>pd</i>
Auditor Services	Michael Choate, CPA JHam/Rita/ Man /A <i>pd</i>	875.00	<i>pd</i>
Professional Technical Svc	Michelle/Emily/Alexis	<u>2,150.00</u>	<i>pd</i>

TOTAL PROFESSIONAL

8,900.00

8,900.00

SECTION G-OTHER CHARGES

<u>Client Services:</u>	<u>Cost</u>	<u># Clients</u>	<u>TOTALS</u>
Intake Application Process	\$ 10.00	322	3,220.00
Positive Pregnancy Test	\$ 10.00	122	1,220.00
Negative Pregnancy Test	\$ 10.00	18	180.00
Abstinence Education	\$ 30.00	18	540.00
Counseling	\$ 40.00	69	2,760.00
Referral Services	\$ 10.00	17	170.00
Health Risk Assessment	\$ 30.00	-	0.00
Care Plan Development	\$ 30.00	84	2,520.00
On-going Care	\$ 30.00	115	3,450.00
Family Support Services	\$ 40.00	82	3,280.00
Home Outreach Support Services	\$ 75.00	-	0.00
Birth Outcome Confirmation	\$ 40.00	-	0.00

TOTAL OTHER CHARGES

17,340.00

SECTION I - INDIRECT COST

Project Administrator	Dorothy Wallis	4,500.00
Health Insurance		250.00
		<u>4,750.00</u>

TOTAL INDIRECT COST

4,750.00

TOTAL INVOICE

\$ 39,087.08

Dorothy Wallis
Authorized Signature per Dorothy Wallis

Project Administrator

7/11/2018

Date

OFS Approval

Telephone Number

Date

*NOTE-If space is not sufficient, make reference to change on this form and include detailed attachment.

MAIL TO:

OM&F FISCAL
 PAYMENT MANAGEMENT/CONTRACTS
 PO BOX 3927
 BATON ROUGE, LOUISIANA

Page 3/3

Han \$1,000 pd
 Stray \$250 pd
 Rita \$250 pd
 Elgin \$150 pd
 Alex \$500 pd
 #2150

P.O.# 200 224936 - 0618
ACH Transfer Detail Grid for June 2018

ction	Budget Category	Item description	Payee	Inv. Page	ACH Page	Proof of Electronic Bank Statement	Bank Page
C	Operating Expense	Travel	Care Pregnancy Ctr	n/a	n/a	Gulf Coast Bank & Tst	5-6
D	Operating Expense	Printing	Randy Rice & Assoc	n/a	n/a	Gulf Coast Bank & Tst	5-6
D	Operating Expense	Office Supplies	Restoration Pregnancy	n/a	n/a	Gulf Coast Bank & Tst	5-6
D	Operating Expense	Office Supplies	Access/Catholic Charities	n/a	n/a	Gulf Coast Bank & Tst	5-6
D	Operating Expense	Office Supplies	A Pregnancy Center	n/a	n/a	Gulf Coast Bank & Tst	5-6
D	Operating Expense	Office Supplies	Women's Resource Ctr	n/a	n/a	Gulf Coast Bank & Tst	5-6
D	Operating Expense	Office Supplies	Care Pregnancy Center	n/a	n/a	Gulf Coast Bank & Tst	5-6
D	Operating Expense	Office Supplies	CPC-Gonzales	n/a	n/a	Gulf Coast Bank & Tst	5-6
D	Operating Expense	Marketing & Advertisement	Randy Rice & Assoc.	n/a	n/a	Gulf Coast Bank & Tst	5-6
D	Operating Expense	Knowforsure	Sources for Women	38	39	Gulf Coast Bank & Tst	5-6
F	Professional	Accounting Services	Direct Mailing-Vickie Davis	41-42	43	Gulf Coast Bank & Tst	5-6
F	Professional	Performance Impr Coordinator	Resources for Comm.-Garcia Bodley	44	45	Gulf Coast Bank & Tst	5-6
F	Professional	Public Relations	Randy Rice & Assoc	46	47	Gulf Coast Bank & Tst	5-6
F	Professional	Webmaster	Kathleen Benefield	48	49	Gulf Coast Bank & Tst	5-6
F	Professional	Prof Tech Svc	Jennifer Ham	54	55	Gulf Coast Bank & Tst	5-6
F	Professional	Prof Tech Svc	Sanaretha Gray	56	57	Gulf Coast Bank & Tst	5-6
F	Professional	Prof Tech SvS	Michelle Dyess	58	59	Gulf Coast Bank & Tst	5-6
F	Professional	Prof Tech Svc	Emily Ilgenfritz	60	61	Gulf Coast Bank & Tst	5-6
F	Professional	Prof Tech Svc	Alexis Farrugia	62	63	Gulf Coast Bank & Tst	5-6
G	Coor Prenatal Care Serv	Sub-contractor	CarePregnancy Ctr	66	68	Gulf Coast Bank & Tst	5-6
G	Coor Prenatal Care Serv	Sub-contractor	Wom Res Ctr Natch	69	71	Gulf Coast Bank & Tst	5-6
G	Coor Prenatal Care Serv	Sub-contractor	A Prg. Ctr. & Clinic	72	74	Gulf Coast Bank & Tst	5-6
G	Coor Prenatal Care Serv	Sub-contractor	Access Met-Catholic	75	77	Gulf Coast Bank & Tst	5-6
G	Coor Prenatal Care Serv	Sub-contractor	Restoration Life	78	80	Gulf Coast Bank & Tst	5-6
G	Coor Prenatal Care Serv	Sub-contractor	CPC-Gonzales	81	83	Gulf Coast Bank & Tst	5-6
G	Coor Prenatal Care Serv	Sub-contractor	CPC-RV	84	86	Gulf Coast Bank & Tst	5-6
I	Indirect cost	Project Administrator	Dorothy Wallis	88	89	Gulf Coast Bank & Tst	5-6



Gulf Coast Bank and Trust Company LCP CHECKING 6649

\$66,867.06

Available Balance

Last Updated: 7/11/2018 10:22 AM

Start Date End Date Transaction Type

7/6/2018 to 7/10/2018

Min Amount Max Amount Check #

\$0.00 to \$0.00 to

[Apply Filters](#)

[Reset](#)

Act Pg #

Date	Description	Amount
JUL 10 2018	CPC-June 2018	68 (\$4,960.00)
JUL 10 2018	APC-June 2018	74 (\$3,860.00)
JUL 10 2018	Restoration-June 2018	80 (\$2,240.00)
JUL 10 2018	CPC-RV-June 2018	86 (\$1,980.00)
JUL 10 2018	CPC Gonzales-June 2018	83 (\$1,630.00)
JUL 10 2018	WRC Natch-June 2018	71 (\$1,560.00)
JUL 10 2018	Catholic Charities-Access-June 2018	77 (\$1,110.00)
JUL 10 2018	A Farrugia-June 2018	63 (\$500.00)
JUL 10 2018	S Gray-June 2018	57 (\$250.00)

Act Pg #

JUL 10 2018	E Ilgenfritz-June 2018	61	(\$150.00)
JUL 9 2018	✉ Regular Deposit	29	+ \$60,320.71
JUL 6 2018	D Walls-June 2018	89	(\$4,500.00)
JUL 6 2018	Rice Media May Supp 2018		(\$2,664.00)
JUL 6 2018	Rice Printing May Supp 2018		(\$2,588.69)
JUL 6 2018	DMS-June 2018	43	(\$2,200.00)
JUL 6 2018	Res4Comm-June 2018	45	(\$2,025.00)
JUL 6 2018	JHam-June 2018	55	(\$1,000.00)
JUL 6 2018	SFW-June 2018	39	(\$875.00)
JUL 6 2018	K Benfield-June 2018	49	(\$700.00)
JUL 6 2018	Rice Public Relations-June 2018	47	(\$700.00)
JUL 6 2018	M Dyess-June 2018	59	(\$250.00)

6



July 11, 2018

Department of Social Services
Office of Family Support
627 North 4th Street
5th Floor Cubicle 5-321
Baton Rouge, Louisiana 70802

RE: 2000224936 CTL Alternative to Abortion
June 2017-2018 Reimbursement Invoice

Dear Ms. Leblanc,

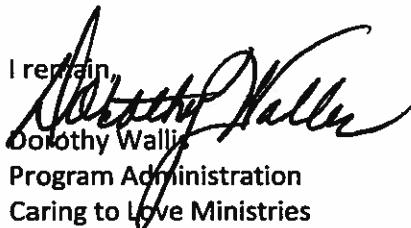
Please find attached, May 2018 supplemental invoice for media and the June 2018 invoice for the grant period 2017-2018 Alternative to Abortion Initiative **along with the hard copy of the TANF Report for the month of June 2018.**

As stated previously to authenticate our vendors we affirm that all vendor invoices included in this billing have been received either by email or USPS. We have enclosed the emails from which these invoices originated. Further we required that all vendors provide invoices with addresses and telephone numbers.

We would appreciate your reconsideration for the April 2018 supplemental billing amount denied for media in the amount of \$978.

In the attachment please review our current Awareness Campaign language address the strategy to identify prospective post-partum mother with unexpected pregnancy.

Thank you for your consideration, kindness and all you have done to help those that are in need in the Louisiana area. If you have any questions, please feel free to contact me at any time.

I remain,

Dorothy Waller
Program Administration
Caring to Love Ministries



Delivery Confirmation

I, the undersigned, acknowledge receipt of the following:

- Letter to Ms. Jeanine Le Blanc
- Cover Letter
- May 2017 Supplemental
- Cost Reimbursement Invoices for June 2018
- Section A: Salary
- Section B: Fringe
 - FICA
 - LCTA – Worker Compensation
- Section D: Operating Expenses
 - Cancelled Checks and Wire Transfers
- Section F: Professional services
 - Invoices, Invoice Description Receipts, Cancelled Checks and ACH Wire Transfers
- Section G: Other Charges – Coordinated Prenatal Care Services
 - Subcontractors' Front Page and Wire Transfer
- Section I: Indirect Costs- Project Administrative
 - Project Administrator Invoice, Time Study and ACH Wire Transfers
- TANF –MOS Report June, 2018

Please sign and return via scanned or email to dwallis@ctlm.org

Thank You,

Radio Campaign reflecting Public Awareness to identify prospective clients

Approach and Methodology

Required Components

The Public Information and Awareness Campaign is the final intervention strategy. It promotes the importance of early access to prenatal care for improved healthy pregnancies and full-term births. It's used to promote the availability of the LCP's pregnancy and parenting services and supports through a coordinated marketing approach. These strategies include social media options, websites, printed materials (i.e., brochures, flyers, and direct mail), advertisement on television and radio, billboards and other signage, and a toll-free helpline available 24/7 to provide information, referral and other assistance as needed.

Description of services

Public Information and Awareness Campaign

A comprehensive health education and messaging strategy are incorporated to promote the importance of changing risk behaviors and promoting healthy behavioral during pregnancy. This will be accomplished by utilizing websites, toll free helpline, television/radio commercials, billboards, social media, direct mail, printed materials, incentives, etc. The strategies are designed to specifically target the millennial Population aged 18 to 29 years old pregnant women or women who think they are pregnant; and pregnant minors who are high risk for poor pregnancy health and birth outcomes.

Five Strategic Components

Related Service Activities

Health Education Messaging

Source for Women toll-free helpline

Commercial advertisement via radio, television and PSA

Intervention 4 Public Information

Public Information and Awareness Marketing Campaign	Television and Radio Spots Radio and television commercial targets crisis vulnerable pregnant women.
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Incentives

A variety of resources including both purchased and in-kind/donated resources will be utilized to promote the awareness of the Life Choice Project's services as well as awareness of the Life Choice Project's Services as well as to motivate participants in continuing their services subcontractors throughout the duration of their pregnancies. Inexpensive promotional available for all Coordinated Prenatal Care Services (CPCS) service delivery approaches include items such as tote bags, t-shirts, car-seats, strollers, etc. These items will be purchased by the centers and provided to the participants based on the design their incentive program.

Intervention 1, 2, 3

<p>Social Supports Emotional and information support and direct material support through the provision of resources</p>	<ul style="list-style-type: none">o Client Incentiveso Pantry (food, clothing, etc.)o Referrals (basic needs, health/safety, healthy lifestyles, etc.)o Referrals (WIC/Medical/Medicaid/Nutrition)o Prenatal and Infant Care Education Classeso Parenting Classes and Informationo Childbirth Classes and Informationo Adoption Informationo Safe Haven Awarenesso Negative Pregnancy Testo Abstinence Educationo Domestic/Partner Violenceo STD Testing Informationo Substance Use/Alcoholo Smoking Cessationo Zika VirusRisk Informationo InfluenzaRisk Information	<p>TANF Goals 1 & 2</p> <ol style="list-style-type: none">1. Healthy childbirth2. Full-term pregnancy3. Decision making regarding adoption or parenting4. Abstinence Education
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PO# 2000 224936

SECTION A

SALARY

SECTION A - SALARY
Caring To Love Ministries
LCP Payroll Summary-June 2018

9:18 PM

07/04/18

June 2018

	Adams, Jashonda M	Gray, Saranetha A	McCool, Emily A	Thompson, Margaret B	TOTAL
Employee Wages, Taxes and Adjustments					
Gross Pay					
Care Pregnancy Clinic Salary	1,800.00	1,202.86	2,912.00	1,739.23	7,654.09
Counseling Center Salary	0.00	0.00	0.00	0.00	0.00
Total Gross Pay	1,800.00	1,202.86	2,912.00	1,739.23	7,654.09
Adjusted Gross Pay	1,800.00	1,202.86	2,912.00	1,739.23	7,654.09
Taxes Withheld					
Federal Withholding	0.00	-96.00	-202.00	-117.00	-415.00
Medicare Employee	-28.10	-17.44	42.22	-25.22	-110.98
Social Security Employee	-111.60	-74.58	-180.54	-107.83	-474.55
LA - Withholding	-40.08	-31.87	-84.82	-41.21	-207.88
Medicare Employee Addl Tax	0.00	0.00	0.00	0.00	0.00
Total Taxes Withheld	-177.78	-219.88	-519.58	-291.26	-1,208.51
Net Pay	1,622.22	982.87	2,392.42	1,447.97	6,446.58
Employer Taxes and Contributions					
Medicare Company	28.10	17.44	42.22	25.22	110.98
Social Security Company	111.60	74.58	180.54	107.83	474.55
Total Employer Taxes and Contributions	137.70	92.02	222.76	133.05	585.53

Position-Direct Services	Employee Name	Salary	Blue Cross	1.4 FICA	2. Worker's Comp	Total Fringe	Total
Services Coordinator	Saranetha Gray	1,202.86	-	92.02	28.49	120.51	1,323.37
Home Prenatal Care Nurse	Emily McCool	1,600.00	-	122.40	37.89	160.29	1,760.29
Home prenatal Care Educator	J Monic Adams	980.00		74.97	23.21	98.18	1,078.18
Clerical Support	Margaret Thompson	1,600.00		122.40	37.89	160.29	1,760.29
TOTALS		5,382.86	-	411.79	127.48	539.27	5,922.13

Do not forget

NOTE: The amount billed is the budgeted amount per our Budget Narrative. The Total Fringe is reflected.



HANCOCK WHITNEY

Transactions Details

Posting Date	06/07/2018
Transaction Date	06/07/2018
Description	DDA CHECK 0000009572
Transaction Type	Debit
T/C	0077
Amount	\$268.37
Balance	\$3,128.21

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WHICH WILL TURN BLACK WHEN EXPOSED TO WATER OR SWEAT

CARING TO LOVE MINISTRIES STAR ACCOUNT 3813 N. FLANNERY ROAD BATON ROUGE, LOUISIANA 70814 (225) 273-1124	9572
SHIRLEY BATON ROUGE, LOUISIANA	84-15654
	6/5/18
PAY TO THE ORDER OF <u>Sanaretha A Gray</u>	\$ <u>268.37</u>
Two Hundred Sixty-Eight and 37/100	DOLLARS
Sanaretha A Gray PO Box 413 Prairieville, LA 70769	VOID AFTER 60 DAYS STAR ACCOUNT
MEMO	AUTHORIZED SIGNATURE
Pay Period: 05/16/18 - 05/31/18	<i>[Signature]</i>
THIS DOCUMENT CONTAINS HEAT-SENSITIVE INK. TOUCH OR PRESS HERE TO READ.	
#009572# 00654001530	

SECTION A-PERSONNEL SERVICES-Services Coordinator

LCP Budget to reimburse CTLM = \$1202.86 for month



HANCOCK WHITNEY

Transactions Details

Posting Date	06/27/2018
Transaction Date	06/27/2018
Description	DDA CHECK 0000009590
Transaction Type	Debit
T/C	0077
Amount	\$714.60
Balance	\$4,551.35

ORIGINAL DOCUMENT PRINTED ON COLOR LASER REACTIVE PAPER WITH MICROPRINTED BORDER

CARING TO LOVE MINISTRIES STAR ACCOUNT 3813 N. FLANNERY ROAD BATON ROUGE, LOUISIANA 70814 (225) 273-1124		9590
PAY TO THE ORDER OF <u>Sanaretha A Gray</u>		84-15654 6/20/18
Seven Hundred Fourteen and 60/100		\$ 714.60 DOLLARS
Sanaretha A Gray PO Box 413 Prairieville, LA 70769		VOID AFTER 60 DAYS STAR ACCOUNT
MEMO	Pay Period: 06/01/18 - 06/15/18	
#0095901P 00654001531		

Dorothy Waller
AUTHORIZED SIGNATURE

SECTION A-PERSONNEL SERVICES-Services Coordinator

LCP Budget to reimburse CTLM = \$1202.86 for month



HANCOCK WHITNEY

Transactions Details

Posting Date	06/05/2018
Transaction Date	06/05/2018
Description	DDA CHECK 0000009568
Transaction Type	Debit
T/C	0077
Amount	\$1,196.21
Balance	\$6,965.28

Front Back

CONFIDENTIAL DOCUMENT PRINTED ON CREDIT CARD RECEIPT

CARING TO LOVE MINISTRIES STAR ACCOUNT 3813 N. FLANNERY ROAD BATON ROUGE, LOUISIANA 70814 (225) 273-1124		9568
WIDENLY BATON ROUGE, LOUISIANA		84-15654
		6/5/18
PAY TO THE ORDER OF	Emily A McCool	\$ 1,196.21
One Thousand One Hundred Ninety-Six and 21/100 DOLLARS		
Emily A McCool 2750 Millerville Rd, Apt 14103 Baton Rouge, LA 70818		VOID AFTER 60 DAYS STAR ACCOUNT
MEMO	Pay Period: 05/16/18 - 05/31/18	
009568 065400153		

Melathy Walker AUTHORIZED SIGNATURE

SECTION A-PERSONNEL SERVICES-Home Prenatal Care Nurse

LCP Budget to reimburse CTLM = \$1600.00 for month



HANCOCK WHITNEY

Transactions Details

Posting Date	06/22/2018
Transaction Date	06/22/2018
Description	DDA CHECK 0000009584
Transaction Type	Debit
T/C	0077
Amount	\$1,196.21
Balance	\$7,042.18

Front Back

CONFIDENTIAL DOCUMENT - NOT TO BE COPIED OR REPRODUCED IN WHOLE OR IN PART WITHOUT THE EXPRESSED WRITTEN CONSENT OF HANCOCK WHITNEY BANK

**CARING TO LOVE MINISTRIES
STAR ACCOUNT
3813 N. FLANNERY ROAD
BATON ROUGE, LOUISIANA 70814
(225) 273-1124**

9584

**BATON ROUGE,
LOUISIANA**

84-15854

6/20/18

PAY TO THE ORDER OF Emily A McCool

\$ **1,196.21

One Thousand One Hundred Ninety-Six and 21/100

DOLLARS

**Emily A McCool
2750 Millerville Rd, Apt 14103
Baton Rouge, LA 70816**

**VOID AFTER 60 DAYS
STAR ACCOUNT**

Debra Weller

AUTHORIZED SIGNATURE

MEMO

Pay Period: 06/01/18 - 06/15/18

009584 065400153

SECTION A-PERSONNEL SERVICES-Home Prenatal Care Nurse

LCP Budget to reimburse CTLM = \$1600.00 for month



HANCOCK WHITNEY

Transactions Details

Posting Date	06/06/2018
Transaction Date	06/06/2018
Description	DDA CHECK 0000009569
Transaction Type	Debit
T/C	0077
Amount	\$811.11
Balance	\$5,379.56

Front Back

ORIGINAL DOCUMENT PRINTED ON CHEMICAL-REACTIVE PAPER WITH MICROPRINTED BORDER

CARING TO LOVE MINISTRIES
STAR ACCOUNT
3813 N. FLANNERY ROAD
BATON ROUGE, LOUISIANA 70814
(225) 273-1124

9569

WHITNEY BATON ROUGE, LOUISIANA

84-16654 6/5/18

PAY TO THE ORDER OF Jashonda Monic Adams \$ 811.11 DOLLARS

Eight Hundred Eleven and 11/100

Jashonda Monic Adams
11625 Sherwood Valley Ct
Baton Rouge, LA 70818

VOID AFTER 60 DAYS
STAR ACCOUNT

MEMO
Pay Period: 05/16/18 - 05/31/18

009569 0654001530

SECTION A-PERSONNEL-SERVICES-Home Prenatal Care Educator

LCP Budget to reimburse CTLM = \$980.00 for month

13



HANCOCK WHITNEY

Transactions Details

Posting Date	06/21/2018
Transaction Date	06/21/2018
Description	TELLER CASHED DEBIT 0000009577
Transaction Type	Debit
T/C	0040
Amount	\$811.11
Balance	\$8,924.14

Front Back

ORIGINAL DOCUMENT PRINTED ON INKJET ACTIVIA PAPER WITH MICROPRINTED SECURITY FEATURES

CARING TO LOVE MINISTRIES STAR ACCOUNT 3813 N. FLANNERY ROAD BATON ROUGE, LOUISIANA 70814 (225) 273-1124		9577
PAY TO THE ORDER OF Jashonda Monic Adams		84-15654 6/20/18
Eight Hundred Eleven and 11/100		\$ 811.11 DOLLARS
Jashonda Monic Adams 11625 Sherwood Valley Ct Baton Rouge, LA 70816		VOID AFTER 60 DAYS STAR ACCOUNT
MEMO	Pay Period: 06/01/18 - 06/15/18	
#009577# 00654001530 [REDACTED]		
SECTION A PERSONNEL SERVICES Home Prenatal Care Educator		

THE DOCUMENT CONTAINS INKJET SECURITY MARKS ON PAPER HEAD, INKJET HEAD, INKJET FLOOR, INKJET FLOOR, INKJET HEAD

14

LCP Budget to reimburse CTLM = \$980.00 for month



HANCOCK WHITNEY

Transactions Details

Posting Date	06/06/2018
Transaction Date	06/06/2018
Description	TELLER CASHED DEBIT 0000009575
Transaction Type	Debit
T/C	0040
Amount	\$920.71
Balance	\$6,190.67

CONFIDENTIAL DOCUMENT PRINTED ON CHEMICAL ACTIVATED PAPER WITH MICROPRINT TECHNOLOGY

CARING TO LOVE MINISTRIES
STAR ACCOUNT
3813 N. FLANNERY ROAD
BATON ROUGE, LOUISIANA 70814
(225) 273-1124

H. Whitney BATON ROUGE,
LOUISIANA

9575

84-15/554 6/5/18

PAY TO THE ORDER OF Margaret B Thompson \$ 920.71

Nine Hundred Twenty and 71/100 DOLLARS

Margaret B Thompson
383 Rivercrest Ave
Baton Rouge, LA 70807

VOID AFTER 60 DAYS
STAR ACCOUNT

Margaret B. Thompson AUTHORIZED SIGNATURE

MEMO Pay Period: 05/18/18 - 05/31/18

THE DOCUMENT CONTAINS CHEMICAL ACTIVATED INK WHICH IF ERASSED WILL DAMAGE THE DOCUMENT

009575 0654001531

SECTION A-PERSONNEL SERVICES-Clerical Support Specialist

LCP Budget to reimburse CTLM = \$1600.00 for month

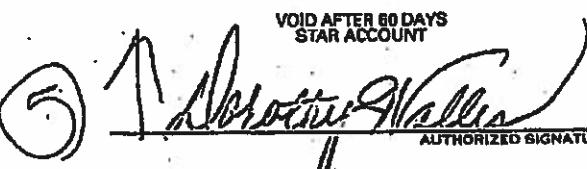


HANCOCK WHITNEY

Transactions Details

Posting Date	06/21/2018
Transaction Date	06/21/2018
Description	TELLER CASHED DEBIT 0000009587
Transaction Type	Debit
T/C	0040
Amount	\$527.26
Balance	\$9,735.25

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED SECURITY

CARING TO LOVE MINISTRIES STAR ACCOUNT 3813 N. FLANNERY ROAD BATON ROUGE, LOUISIANA 70814 (225) 273-1124		 BATON ROUGE, LOUISIANA	9587
PAY TO THE ORDER OF <u>Margaret B Thompson</u>		84-15/654	6/20/18
Five Hundred Twenty-Seven and 26/100		\$ **527.26	DOLLARS
Margaret B Thompson 383 Rivercrest Ave Baton Rouge, LA 70807		VOID AFTER 60 DAYS STAR ACCOUNT	 AUTHORIZED SIGNATURE
MEMO	Pay Period: 06/01/18 - 06/15/18		
#0095871# 065400153# [REDACTED]			
SECTION A PERSONNEL SERVICES Clerical Support Specialist			

LCP Budget to reimburse CTLM = \$1600.00 for month

PO# 2000 224936

SECTION B

FRINGES



Electronic Federal Tax Payment System

[HOME](#) [ENROLLMENT](#) [MY PROFILE](#) [PAYMENTS](#) [HELP & INFORMATION](#) [CONTACT US](#) [LOGOUT](#)

TAXPAYER NAME: CARE PREGNANCY CLINIC

TIN: xxxx7636

Deposit Confirmation

Your payment has been accepted.

Payment Successful

An EFT Acknowledgement Number has been provided for this payment. Please keep this number for your records.

REMINDER: REMEMBER TO FILE ALL RETURNS WHEN DUE!

EFT ACKNOWLEDGEMENT NUMBER:

270868720415782

PLEASE NOTE

Any amounts represented in the subcategories of Social Security, Medicare, and Income Tax Withholding are for informational purposes only.

Payment Information	Entered Data
Taxpayer EIN	xxxx7636
Tax Form	941 Employers Federal Tax
Tax Type	Federal Tax Deposit
Tax Period	Q2/2018
Payment Amount	\$3,109.02
Settlement Date	07/06/2018
Subcategories:	
1 Social Security	\$2,012.38
2 Medicare	\$470.64
3 Tax Withholding	\$626.00
Account Number	xxxx6585
Account Type	CHECKING
Routing Number	065400153
Bank Name	HANCOCK WHITNEY BANK

[Home](#) [Enrollment](#) [My Profile](#) [Payments](#) [Help & Information](#) [Contact Us](#) [Logout](#)[USA.gov](#) [IRS.gov](#) [Treasury.gov](#)

Electronic Federal Tax Payment System® and EFTPS® are registered servicemarks of the U.S. Department of the Treasury's Bureau of the Fiscal Service.

PO# 2000 224936-0618 Section A-Fringes-Fica

LCP Budget to reimburse CTLM = \$411.79 for month

PO# 2009224936-0618

Section: Fringe Workers



LCTA CASUALTY INSURANCE COMPANY

SELF-REPORTING WORKSHEET

Policy Year: 118
Print Date: 6/25/2018

Care Pregnancy Clinic
 Caring to Love Ministries Inc
 3813 N Flannery
 Baton Rouge, LA 70814

Agent: 576
 Ozark South Central Insurance
 (225)775-7614

Carrier Policy #: WC-1-019438-118
 Rating State: LA
 Payment Due: 7/15/2018

Policy No.: 001000019438118

Division: 0

Policy period: 1/01/2018 - 1/01/2019
 Reporting Period: 6/01/2018 - 6/30/2018

(1) Code	(2) Classification	(3) Payroll	(4) Rate	(5) Premium
8810	Clerical Office Employees Noc	<u>9014.93</u>	.29	<u>26.14</u>
8864	Social Svcs Org-All Employees	<u>8998.00</u>	2.58	<u>232.15</u>
	Life Choice = \$127.48 CTLM = <u>\$135.52</u> TOTAL = \$263.00			
	**** If no payrolls, report "none" ****			
Discounts included in lines (9) (13):		(6) Total Manual Premium		<u>258.29</u>
		(7) Increased Limits .000%	+	
		(8) Subtotal	-	<u>258.29</u>
		(9) Discount factor before modifier	x 1.000	
		(10) Subtotal	-	<u>258.29</u>
		(11) Experience Modifier	x	
Months not reported:		(12) Subtotal	-	<u>258.29</u>
		(13) Discount factor after modifier	x 1.000	
		(14) Total Premium Due	-	<u>258.29</u>
Make check payable to:		(15) Add cents to round		<u>+ .71</u>
LCTA Casualty Insurance Company PO Box 86510 Baton Rouge, LA 70879-6510		(16)	+	
		(17) Previous Balance	+	.00
		(18) Total Due	-	<u>259.00</u>

For billing inquiries, call: PREMIUM ACCT 225-242-4443

Instructions:

Enter the payroll for each class code into column (3). Multiply by the rate in column (4), and then by .01, round to the nearest dollar, and place the result in column (5). Total the premium in column (5), and enter the result in box (6). Multiply box (6) by the Increased limits percentage, round to the nearest dollar, and place the result in box (7). Add box (7) to box (8), and place the result in Subtotal box (8). Multiply box (8) by the Discount factor before modifier (9), round to the nearest dollar, and place the result in Subtotal box (10). Multiply box (10) by Experience modifier (11), round to the nearest dollar, and place in Subtotal box (12). Multiply box (12) by the Discount factor after modifier (13), round to the nearest dollar, and place the result in Total Premium Due (14). For box (15), the total reported payrolls (minus per capita payrolls) must be divided by 100 and then multiplied by the Foreign Terrorism rate and rounded to the nearest dollar. Multiply the State Tax % by box (14) and box (15) and place the result in box (16). Add the Previous Balance from box (17) to box (14) thru box (16). Place the result in box (18). Please attach a check for this amount to the completed form and return.

+ fee \$5.00 = \$263.

I (WE) THE UNDERSIGNED, HEREBY CERTIFY THAT THE FIGURES APPEARING ON THIS REPORT AS "ACTUAL PAYROLL" ARE A TRUE AND COMPLETE STATEMENT OF THE EARNINGS OF ALL EMPLOYEES COVERED UNDER THIS POLICY FOR THE PERIOD AS STATED.

Signature: Vickie DornTitle: Accordant Date: 6/28/18

19



Vickie Davis <vickiebdavis@gmail.com>

Copy of payment receipt from L CTA SPECIALTY INSURANCES COMPANY

1 message

QuickBooks Payments <BusinessServices@intuit.com>
Reply-To: no-reply@intuit.com
To: vickiebdavis@gmail.com

Tue, Jul 3, 2018 at 2:15 PM

Below is the sales receipt provided to you by L CTA SPECIALTY INSURANCES COMPANY

Transaction Receipt			
Transaction Type	Sale	Amount:	\$263.00
Name:	Care Pregnancy - 19438	Date & Time:	07/03/2018 - 12:14 PDT
Check Information			
Account No.:	*****69	Account type:	Business Checking
Routing No.:	*****153		
Payment ID			
Authorization Code:	796-752	Transaction ID:	aj23nw6h

Thank you for your order,
L CTA SPECIALTY INSURANCES COMPANY

SLANGLOIS@LCTA.COM

This notice is to confirm your authorization for L CTA SPECIALTY INSURANCES COMPANY to initiate either an electronic debit to your bank account or to create and process a demand draft against your bank account in the amount of null on or after 07/03/2018 - 12:14 PDT . If you have any questions about this payment or your authorization, you may contact L CTA SPECIALTY INSURANCES COMPANY at SLANGLOIS@LCTA.COM.

Please do not reply to this message as we are unable to respond to questions at this e-mail address.

PO# 2000 224936-0618

Section B-Fringes-Worker's Comp

LCP Budget to reimburse CTLM = \$127.48 for month

26

PO# 2000 224936

SECTION D

OPERATING EXPENSES

Ad America invocie June

ilodges@adamericayp.com

Fri 5/25/2018 10:28 AM

To:luv luv <luv@ctlm.org>;

Cc:Dorothy Wallis <dwallis@ctlm.org>;

0 2 attachments (448 KB)

227029 june.pdf; 227030 june.pdf;

Hi Vickie,

The attached are the invoices for June. Please let me know if you have any questions.

thanks,

Irene



Irene Lodges
Operations/Accounting
18308 Wickham Rd., Suite B

Olney, MD 20832
301 570-7575 ext. 10
fax 866 324-5531
ilodges@adamericayp.com

get found...on Google!
Ask Us for Free!!!

Ad America

Internet Marketing • Direct Mail • Yellow Pages

18308 Wickham Rd. Ste B
Olney, MD 20832

Phone: 301 570-7575
Fax: 866 324-5531

Date	Invoice #
6/1/2018	227030

Bill To
Caring to Love Ministries Life Choice Project Dorothy Wallis 3813 North Flannery Road Baton Rouge, LA 70814

Terms	Account #
Net 30	

Quantity	Description	Rate	Amount
1	Monthly maintenance fee for Life Choice.org	163.95	163.95

PO# 2000 224936-0618

SECTION D-Operating Expense-Printing

LCP Budget to reimburse CTLM = 163.95+174.00=337.95 for Ad America	Total	\$163.95
--	-------	----------

Ad America

Internet Marketing • Direct Mail • Yellow Pages

18308 Wickham Rd. Ste B
Olney, MD 20832

Phone: 301 570-7575
Fax: 866 324-5531

Date	Invoice #
6/1/2018	227029

Bill To
Caring to Love Ministries Life Choice Project Dorothy Wallis 3813 North Flannery Road Baton Rouge, LA 70814

Terms	Account #
Net 30	

Quantity	Description	Rate	Amount
1	Monthly maintenance fee for Achoice.org	174.00	174.00
PO# 2000 224936-0618			
SECTION D-Operating Expense-Printing			
LCP Budget to reimburse CTLM = 163.95+174.00=337.95 for Ad America			
			Total \$174.00

GULF COAST BANK
& Trust Company
LCP CHECKING

xxxxxx6649

6/20/2018 8:36 AM

CARING TO LOVE MINISTRIES
LIFE CHOICE PROJECT ACCOUNT
3813 N. FLANNERY ROAD
BATON ROUGE, LA 70814
(225) 273-1124

GULF COAST BANK & TRUST CO.
LOUISIANA

1146

14-7043/2880

6/6/18

PAY TO THE ORDER OF Ad America

\$**337.95

Three Hundred Thirty-Seven and 95/100

DOLLARS

Ad America
18308 Wickham Rd, Ste B
Olney, MD 20832

VOID AFTER 90 DAYS
LIFE CHOICE PROJECT ACCOUNT

MEMO

Dorothy Waller AUTHORIZED SIGNATURE

#001146# 0265070435#

386616075939 090359 [REDACTED]
TRN_DEBIT JKAUR5 33795
Olney 3866 94004 3866 6 0007



Amount: -337.95

Description: Check

Check Number: 1146

Posted Date: 6/13/2018

Transaction Type History

SECTION D-Operating Expense-Printing

LCP Budget to reimburse CTLM = 163.95+174.00=337.95 for Ad America



DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602

REMITTANCE SECTION

Invoice Number: 59716846
Due Date: 07/15/2018
Due This Period: \$555.75

CARE PREGNANCY CLINIC
ATTN AP
3813 N FLANNERY RD
BATON ROUGE LA 70814-8002

Please make check payable to:

DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602

↳ [View on GitHub](#) ↳ [View on Bitbucket](#) ↳ [View on SourceForge](#)

2100000597168460000555756

Detach here. Please include the top payment coupon with your payment. Please allow 5-7 days for U.S. Postal Service delivery.



DE LAGE LANDEN FINANCIAL
PO BOX 41602
PHILADELPHIA, PA 19101-1602
800-736-0220

Contract Number:	25427116
Invoice Number:	59716846
Account Number:	854059
Site Number:	3951293
Invoice Date:	06/23/2018
Period of Performance:	06/15/2018-07/14/2018
Due This Period:	\$555.75

Visit www.lesseedirect.com

IMPORTANT MESSAGES

***Please review your equipment location(s) for tax purposes.**

Did you know you can...

- ✓ View copies of your contract and open invoices
 - ✓ Enroll in paperless Invoicing
 - ✓ Make a payment
 - ✓ Set up automated/recurring payments

See Reverse For Important Information

INVOICE DETAILS

Description	Payment Amount	Tax	Total Amount	Applied Amount	Remaining Amount Due
PAYMENT	\$480.89	\$48.10	\$528.99	\$0.00	\$528.99
INSURANCE	\$24.34	\$2.42	\$26.76	\$0.00	\$26.76
Billed this Invoice	\$505.23	\$50.52	\$555.75	\$0.00	\$555.75
Balance Due Previous Invoices					\$0.00
Total Amount Due					\$555.75

(Please see the following pages for details.)

ASSET DETAILS

SECTION D-Operating Expense-Copy Machine

LCP Budget to reimburse CTLM = \$250.00 DeLage Landen Financial Services, Inc.

Contact Us

Customer Service



800-736-0220



customercarecenter@leasedirect.com

- Questions regarding your contract terms
- Balance Inquiry

- Questions regarding Insurance
- General Questions regarding your bill

Address Changes & Invoice Delivery



addressupdates@leasedirect.com

- Has your email address for invoice delivery changed?
- Has your billing or equipment address changed?
- Choose Paperless Invoicing and receive your invoice up to 5-7 days earlier!

Correspondence Address

DE LAGE LANDEN FINANCIAL SERVICES, INC. 1111 OLD EAGLE SCHOOL RD WAYNE, PA 19087-1453

*Please provide your contract number

IMPORTANT REMINDER: Enclose remittance slip with your check and send it to the address on the reverse side to ensure accurate and timely processing of your payment. **Please remit payments at least 5 days prior to due date. Please record your Invoice number on the check.**

For account information 24 hours a day, 7 days a week, visit our website www.lesseedirect.com

Explanation of Charges

It is important to us that you understand the charges on your invoice. Please refer to this guide for assistance.

1. DOCUMENTATION/ORIGINATION FEE – A one-time fee assessed on new transactions to cover our expenses for preparing financing statements and other documentation costs.
2. INTERIM PAYMENT – A charge to account for the partial month, prior to the first full billing cycle, calculated per the terms and conditions in the contract.
3. INSURANCE CHARGE – A charge due each billing period as the result of the equipment being insured by the lessor against theft or damage.
4. PAYMENT – Amount due each billing period in accordance with the terms of the contract.
5. LATE FEE – Assessed when a payment is not received by its due date, as provided by the contract.
6. FINANCE CHARGE – Assessed when a payment is not received and is over thirty (30) days past its due date.
7. PROPERTY TAX – The lessor, as the owner of the equipment, is assessed and pays property tax to the appropriate taxing authority on an annual basis. Per the contract, the Lessee has agreed to reimburse the Lessor for all property taxes paid on their behalf plus reasonable administrative costs. For questions about taxes, call the Customer Service number above.
8. RETURNED CHECK FEE – Assessed each time a check is returned for any reason.
9. CUSTOMER SERVICE FEE – Assessed when a request for an amortization schedule, an invoice copy, a pay history or additional contract copy is requested.
10. ACCOUNT SUMMARY – Overview of prior billed invoices for which a partial or no payment was received at the time the current invoice was printed.
11. TAX OR LESSOR SURCHARGE – Taxes due in accordance with the tax laws of the state(s) where the equipment is located. For tax related questions, call the Customer Service number above.

PO# 2000 224936-0618

SECTION D-Operating Expense-Copy Machine

LCP Budget to reimburse CTLM = \$250.00 DeLage Landen Financial Services, Inc.

pncall-129356

Confirmation

Thank You! Your payment has been made.

CARE PREGNANCY CLINIC

ATTN A P
3813 N FLANNERY RD
BATON ROUGE, LA 70814

Payment Date	6/26/2018
Payment Method	CTLM Operating WHITNEY BANK ****6569
Total Payment	\$555.75

You have been provided a confirmation number. Please save this page for your records.

Payments confirmed before Monday, June 25, 2018 12:00 PM ET will be posted on Monday, June 25, 2018.
Payments confirmed after Monday, June 25, 2018 12:00 PM ET will be posted on Tuesday, June 26, 2018.

If you have any further questions about payments to Lease Direct, please contact our office at 800-736-0220 .

Confirmation #	Account Nbr - Site ID	Invoice Date	Invoice Number	Due Date	Amount Due	Payment Amount
3106812284	854059-3951293	6/23/2018	59716846	7/15/2018	\$555.75	\$555.75

PO# 2000 224936-0618

SECTION D-Operating Expense-Copy Machine

LCP Budget to reimburse CTLM = \$250.00 DeLage Landen Financial Services, Inc.



Vickie Davis <vickiebdavis@gmail.com>

RE: Caring To Love Minitries, Inc. / Business Direct access needed

SOBEL, ASHLEY S <AW2057@att.com>
To: Vickie Davis <vickiebdavis@gmail.com>
Cc: "BECERRA, ROBERT R" <rb6542@att.com>

Fri, Jun 29, 2018 at 3:31 PM

Vickie,

Business Direct request has been submitted. Please allow 5-7 days for your username and password to be emailed directly to you. Below is the transaction ID. Attached is the latest bill copy.

Registration Request Confirmation:

- You have just completed the registration request process.
- The Transaction ID for this request is **2249219**.
- This Transaction ID is YOUR confirmation that your request is being processed.

Thank you

Ashley Sobel

Technical Sales Consultant

Alliance Channel, National Business Markets

AT&T

Mobile – 818 625 4996 | aw2057@att.com

From: Vickie Davis <vickiebdavis@gmail.com>
Sent: Friday, June 29, 2018 11:00 AM
To: SOBEL, ASHLEY S <AW2057@att.com>
Subject: Fwd: Caring To Love Minitries, Inc. / Business Direct access needed

[Quoted text hidden]

171-800-0934 001.pdf
199K

PO# 2000 224936-0618

SECTION D-Operating Expense-Internet

LCP Budget to reimburse CTLM = \$195.00 AT&T



CARING TO LOVE MINISTRIES
INC
3813 N FLANNERY RD
BATON ROUGE, LA 70814

Page 1 of 4
Account Number 171-800-0934 001
Billing Date Jun 19, 2018
Questions? 1 800 358-1111
Web Site att.com

Invoice 6977722400
AT&T Tax ID 13-4924710

Invoice

Bill-At-A-Glance

Previous Bill	691.50
Payment - Thank You!	691.50CR
Adjustments	.00
Balance	.00
Current Charges	691.46
Total Amount Due	\$691.46
Payment Due Date	Jul 19, 2018

Billing Summary

Questions?
Call: 1 800 358-1111
Online: www.businessdirect.att.com

AT&T Business Services

Group #000001 3813 Flannery Rd Baton Rouge	
Sub-Account #829-000-2551 191	656.96
Sub-Account #831-000-6867 906	34.50
Total Group #000001	691.46
Total Current Charges	691.46

Current Charges

Group #000001 3813 Flannery Rd Baton Rouge	
Sub-Account #829-000-2551 191	
Fiber Broadband	
Recurring Charges:	
Jun 18, 2018 thru Jun 18, 2018	
1. Fiber Broadband Bundle 10M/23CC	587.50
ABN Fiber Broadband Discount 682.50CR	
Total Fiber Broadband	587.50
Surcharges and Other Fees	
2. Universal Connectivity Charge - Interstate	22.76
3. Administrative Expense Fee - Interstate	1.53
4. Property Tax Allotment - Interstate	4.21
5. Federal Regulatory Fee - Interstate	5.89
6. Federal Access Recovery Fee	8.65
7. LA UNIVERSAL SERVICE FEE	3.46
Total Surcharges and Other Fees	46.50

Group #000001 3813 Flannery Rd Baton Rouge - Continued

Taxes	
State:	
8. LA/LOUISIANA	22.96
Total Taxes	22.96
Total Sub-Account #829-000-2551 191	656.96
Sub-Account #831-000-6867 906	
Charges for Subscriber/Router ID 0000628461	
3813 N FLANNERY RD	
BATON ROUGE, LA 70814	
Taxes	
County:	
9. LA/LOCAL 911 CHARGE	34.50
Total Taxes	34.50
Total Subscriber/Router ID 0000628461	34.50
Total Sub-Account #831-000-6867 906	34.50
Total Group #000001	691.46

Total Current Charges **\$691.46**

News You Can Use

News You Can Use

ACCOUNT STATUS
Where allowed by law, AT&T may implement late payment interest of no more than 18% annually. Rates will vary based on state regulations. Interest will be calculated based upon daily balances and will be applicable for each day that a delinquent balance is outstanding. This charge will apply to all balances that are delinquent through such time that payment in full is received at AT&T. The late payment interest will be billed on a monthly basis. Accounts billed outside the US will not be charged LPI.

Where allowed by law, AT&T may implement a \$25 service fee for restoration of service where delinquency has caused an interruption. This fee will be applicable to each account that is being restored and will be included on your monthly billing statement.

Thank you for subscribing to Business in a Box.

Some products require electronic billing as their official bill media. When electronic billing is the official bill media, an informational statement may be sent containing some of the same information as the electronic bill. The informational statement is not your bill. However, if you choose to mail your payment instead of paying electronically, the informational statement has a tear-off that can be used to submit your payment.

JUST FOR YOUR BUSINESS
Make a statement - by not receiving one. View and download your bill details electronically via View Bills from the BusinessDirect website! This state-of-the-art online bill provides all the information that is necessary to manage your business. Pay, view and download your bill, in one easy step ... and it's FREE! For access to BusinessDirect and View Bills, Please contact your Account Executive.

Return bottom portion with your check in the enclosed envelope.

DUE BY: Jul 19, 2018 \$691.46



Billing Date Jun 19, 2018

Account Number **171-800-0934 001**

Please include your account number on your check

CARING TO LOVE MINISTRIES
INC
3813 N FLANNERY RD
BATON ROUGE, LA 70814

Make checks payable to:

AT&T
P.O. Box 5019
Carol Stream, IL 60197-5019

PO# 2000 224936-0618

SECTION D-Operating Expense-Internet

6/195

LCP Budget to reimburse CTLM 6/195 2018 722400028200000006914600000691460

30



CARING TO LOVE MINISTRIES
INC
3813 N FLANNERY RD
BATON ROUGE LA 70814

Page	2 of 4
Account Number	171-800-0934 001
Billing Date	Jun 19, 2018
Questions?	1 800 358-1111
Web Site	att.com

News You Can Use

News You Can Use

JUST FOR YOUR BUSINESS - Continued

Where allowed by law, AT&T will charge a \$25 fee for any payment returned for insufficient funds, applied on your next invoice. AT&T values your business and thanks you for your cooperation in this matter.

REGULATORY NEWS

****Important News About Your Account****

You are requested to provide in writing to AT&T, within six months of this bill, any dispute with respect to the charges on this bill, unless a different notification period applies under your contract, State Tariff and/or Service Guide.

You can reach AT&T either by using the toll free number on your bill, or in writing at the remittance address listed on your bill.

http://serviceguide.att.com/service/library/business/ext/state_tariff_buss.cfm

Attention Louisiana Customers

At your request, AT&T can place a 'freeze' on your preferred carrier selections for local, local toll service or long distance service. A preferred carrier freeze can help protect your account from inadvertent or unauthorized changes to your carrier selections. If you place a preferred carrier freeze on your account, no one will be able to make a change in your carrier selection until you lift the freeze. There is no charge for this service.

If you receive service pursuant to a signed contract or other term agreement with AT&T and it is currently in effect, its terms will govern the provision of your AT&T service.

AT&T's standard contract for detariffed services not covered by a signed contract or term agreement, including expired contracts or term plans that are not renewed, can be found at <http://www.att.com/business/agreement>. Important limits of liability apply, including: AT&T is not liable for indirect or consequential damages (such as your lost profits or other economic loss), and direct damages during any 12 months cannot exceed one month of your payments for affected service.

Additional terms, conditions, charges, penalties, and price change information for all detariffed business services can be viewed at <http://www.att.com/serviceguide/business>. If you do not have access to the Internet, please contact your AT&T Sales Representative or Customer Care Center for information.

Federal regulation requires AT&T to inform our valued customers that basic local services will not be disconnected for the non-payment of non-regulated service charges. To avoid collection activity, please remember to pay all charges by the due date.

In addition, you may experience disconnection of your basic local service if payment is not received for the Long Distance portion of your bill except in the following states: Alabama, Arizona, California, Colorado, Hawaii, Idaho, Indiana, Iowa, Maryland, Michigan, Minnesota, Missouri, New Mexico, New York, New Jersey, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Texas, Utah, Vermont, Virginia, Washington.

Connecticut Customers only: You may experience disconnection of your basic local service for the non-payment of Dial Tone and Directory

News You Can Use

REGULATORY NEWS - Continued

Listing charges on your bill.

Attention Valued AT&T Customers:

If your invoice includes any back-billed charges, you have the right to pay these charges in full with your regular bill, or to call AT&T to make reasonable payment arrangements. You may choose to pay the back-billed amount in monthly installments equal to the number of back-billed months. Please take note that you must pay the full amount of your phone bill each month, including installments to repay back-billed charges, in order to avoid possible disconnection and other charges and penalties. If you are interested in using this payment method for any back-billed amount, please call AT&T on the toll-free number located on your bill.

DO NOT CALL

If your business makes outbound telephone solicitations, you must comply with federal do-not-call laws and regulations (47 C.F.R. 64.1200 and 16 C.F.R. 310) and any applicable state laws.

Attention Louisiana, New Mexico, Indiana, Montana, Connecticut, Washington and Virginia Customers:

Basic local service and other regulated services will not be disconnected for the non-payment of charges for non-regulated services. Non-regulated charges include Wireless, DSL, Internet Access, inside wire maintenance plan and other fees, surcharges, and taxes.

ATTENTION CUSTOMERS WITH LOCATIONS IN LOUISIANA:

Effective August 1, 2018, rates for AT&T Business Network Service (Fully Connected, Partially Connected, Standard) will increase as specified below:

For more information, please contact the AT&T Customer Service number on your invoice.

For customers who have a Pricing Schedule for an AT&T Business Network Service (ABN) Term Plan that was effective prior to July 29, 2005:

Current ABN Outbound & Inbound

InterLATA/IntraLATA
\$0.3750 / \$0.3750 Fully Connected - Initial 30 Seconds or Fraction
\$0.0125 / \$0.0125 Fully Connected - Additional 1 Second or Fraction
\$0.6480 / \$0.6480 Partially Connected - Initial 30 Seconds or Fraction
\$0.0216 / \$0.0216 Partially Connected - Additional 1 Second or Fraction
\$0.9750 / \$0.8100 Standard - Initial 30 Second or Fraction
\$0.0325 / \$0.0270 Standard - Additional 1 Second or Fraction

New ABN Outbound & Inbound

InterLATA & IntraLATA
\$0.4680 / \$0.4680 Fully Connected - Initial 30 Seconds or Fraction
\$0.0156 / \$0.0156 Fully Connected - Additional 1 Second or Fraction
\$0.8100 / \$0.8100 Partially Connected - Initial 30 Seconds or Fraction
\$0.0270 / \$0.0270 Partially Connected - Additional 1 Second or Fraction
\$1.2180 / \$1.0140 Standard - Initial 30 Second or Fraction
\$0.0406 / \$0.0338 Standard - Additional 1 Second or Fraction

For customers who have a Pricing Schedule for an AT&T Business Network Service (ABN) Term Plan that was effective July 29, 2005 through June 30, 2008:

Current ABN Outbound & Inbound

InterLATA & IntraLATA

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PO# 2000 224936-0618

SECTION D-Operating Expense-Internet

LCP Budget to reimburse CTLM = \$195.00 AT&T



CARING TO LOVE MINISTRIES
INC
3813 N FLANNERY RD
BATON ROUGE, LA 70814

	Page
Account Number	3 of 4
Billing Date	171-800-0934 001
Questions?	Jun 19, 2018
Web Site	1 800 358-1111
	att.com

News You Can Use

News You Can Use

REGULATORY NEWS - Continued

\$0.4440 / \$0.4440 Fully Connected - Initial 30 Seconds or Fraction
\$0.0148 / \$0.0148 Fully Connected - Additional 1 Second or Fraction
\$0.5070 / \$0.5070 Partially Connected - Initial 30 Seconds or Fraction
\$0.0169 / \$0.0169 Partially Connected - Additional 1 Second or Fraction
\$0.7800 / \$0.7800 Standard - Initial 30 Second or Fraction
\$0.0260 / \$0.0260 Standard - Additional 1 Second or Fraction

New ABN Outbound & Inbound

InterLATA & IntraLATA
\$0.5550 / \$0.5550 Fully Connected - Initial 30 Seconds or Fraction
\$0.0185 / \$0.0185 Fully Connected - Additional 1 Second or Fraction
\$0.6330 / \$0.6330 Partially Connected - Initial 30 Seconds or Fraction
\$0.0211 / \$0.0211 Partially Connected - Additional 1 Second or Fraction
\$0.9750 / \$0.9750 Standard - Initial 30 Second or Fraction
\$0.0325 / \$0.0325 Standard - Additional 1 Second or Fraction

From time to time, AT&T may change the names of services, Service Capabilities, or Service Components, or other terminology. The old terminology may remain in use for some time after such changes (such as in contract documents and billing records). For example, your customer bill and other customer documents may refer to Private Lines Service (PLS) as Accunet, and may refer to DSO service as Accunet Spectrum of Digital Services (ASDS) or Single Channel Service. Should you have any questions about the service name appearing on your bill, please refer to the 'Table of Changed Terminology' located in the AT&T Service Guides and applicable state tariffs.

Attention Valued AT&T Customers:

Federal regulation requires AT&T to inform our valued customers that basic local services will not be disconnected for the non-payment of your non-regulated service charges. To avoid collection activity, please remember to pay all charges by the due date.

In addition, you may experience disconnection of your basic local service if payment is not received for the Long Distance portion of your bill except in the following states of: Alabama, Arizona, California, Colorado, Hawaii, Idaho, Indiana, Iowa, Maryland, Michigan, Minnesota, Missouri, New Mexico, New York, New Jersey, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Texas, Utah, Vermont, Virginia, Washington, and the District of Columbia.

Attention Customers:

If you do not pay your bill by the date it is due, AT&T may assess a late payment charge. The rate shall be 1.5% per month (18% annually) unless an applicable law or regulation specifies a lower rate to be charged, and then that lower rate shall apply. Alternatively, a minimum late payment charge of \$5.00 may be assessed if permitted by applicable law or regulation. In Maine, the monthly rate for 2017 is 0.99%. In Massachusetts, the monthly rate for 2017 is 0.83%, effective 2/1/2017.

Attention Customers with Service in All States, Except AK, IN, NY, PA, TX and VA:

AT&T intrastate, interstate, and international services are provided by AT&T Corp. To view service publications, go to <http://www.att.com/servicepublications> and click on Service Guides and/or Tariffs.

Thank You For Choosing AT&T Where Every Customer Counts!

PO# 2000 224936-0618

SECTION D-Operating Expense-Internet

LCP Budget to reimburse CTLM = \$195.00 AT&T



CARING TO LOVE MINISTRIES
INC
3813 N FLANNERY RD
BATON ROUGE, LA 70814

Page	4 of 4
Account Number	171-800-0934 001
Billing Date	Jun 19, 2018
Questions?	1 800 358-1111
Web Site	att.com

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PO# 2000 224936-0618

SECTION D-Operating Expense-Internet

LCP Budget to reimburse CTLM = \$195.00 AT&T



vicklebdavis@gmail.com

Authenticated by att.com Valid Signature

From: ds565d@att.com
To: vicklebdavis@gmail.com
Sent: Jun 29, 2018 5:12:37 PM EDT
Subject: 1718000934001

Make a Payment

Account: **1718000934001**
Bill Name: **CARING TO LOVE MINISTRIES**

Step 4 of 4: Payment Submitted

Thank you. Successful payments have been submitted and will be included in your Account Balance 1-2 business days after the payment dates.

Note: If your services have been or are scheduled to be turned off for non-payment, this payment may not prevent collection activity on your account.

Payment Method	Confirmation	Payment Date	Amount
Visa ...9391 Dorothy Wallis ...9391 Exp. 12/2019	SWJ7CSR1S07DV8J	06/29/18	\$691.46

Invoice Number	Invoice Amount	Invoice Current Charges	Payment Amount
6977722400	691.46	691.46	691.46

Sincerely,

Damon Sandness
MERK Escalation Team

AT&T Services, Inc.
901 Marquette Ave. S., Suite 800
Minneapolis, MN 55402
866-502-9421/ds565d@att.com

"This e-mail and any files transmitted with it are AT&T property, are confidential, and are intended solely for the use of the individual or entity to whom this email is addressed. If you are not one of the named recipient(s) or otherwise have reason to believe that you have received this message in error, please notify the sender and delete this message immediately from your computer. Any other use, retention, dissemination, forwarding, printing, or copying of this e-mail is strictly prohibited."

PO# 2000 224936-0618

SECTION D-Operating Expense-Internet

LCP Budget to reimburse CTLM = \$195.00 AT&T

Bill #2661451

Generated: 20 June 2018

 Print

 Email

PAID

Infinity Box Inc.
3050 South Delaware Street
San Mateo, CA 94403
United States

Billed to:
Dorothy H Wallis
3813 N. Flannery Road
Baton Rouge 70814
United States

Quantity	Description	Item Price	Total
1	Wufoo subscription from 2018-06-20 to 2018-07-20.	\$17.00	\$17.00

AMOUNT PAID : \$17.00

CREDIT CARD BILLED : ** * **** * 0848 TRANSACTION ID : 2922428**

Please keep a copy of this bill for your records and for future reference.

To upgrade, downgrade or change your billing information visit:
<http://ctlm.wufoo.com/account/>.

Please send billing questions to billing@wufoo.com
and technical support questions to support@wufoo.com

Thank you for your business and thanks for using Wufoo!

The Wufoo Team

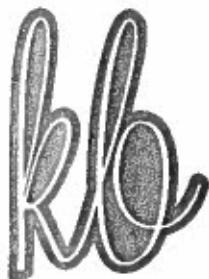
PO# 2000 224936-0618

Section D-Operating Expense-Website

***Paid by Credit Card \$17.00 Wufoo.com ***

*Wufoo = 17.00
+ K Davis = 500.00

517.00*
TOTAL
Website



KELSYE BETHEL
DAVIS

225.252.9822
 kelsyedesign@gmail.com

INVOICE NUMBER
10436
DATE
June 28, 2018

CLIENT
Dorothy Wallis
Caring to Love Ministries
225.215.0004
dwallis@ctlm.org

TERMS

None

DESCRIPTION	HOURS	UNIT PRICE	AMOUNT
Life Choice work:			
Simple, one-page website for abortionbatonrouge.com	300.00	300.00	300.00
- provide information - point to CPC - make appointment section			
knowforsure.me:			
- embed social media feed on home page - Optimize mobile version	200.00	200.00	200.00

SUB-TOTAL	TOTAL
500.00	500.00
TAX	
0.00	

PO# 2000 224936-0618

Section D-Operating Expense-Website

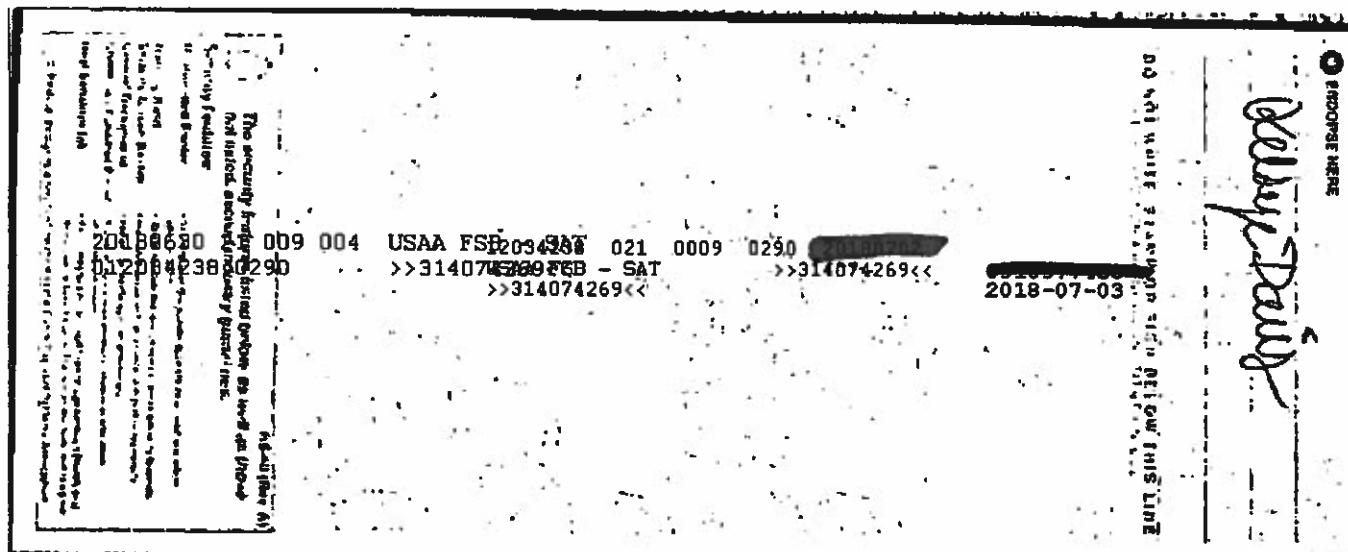
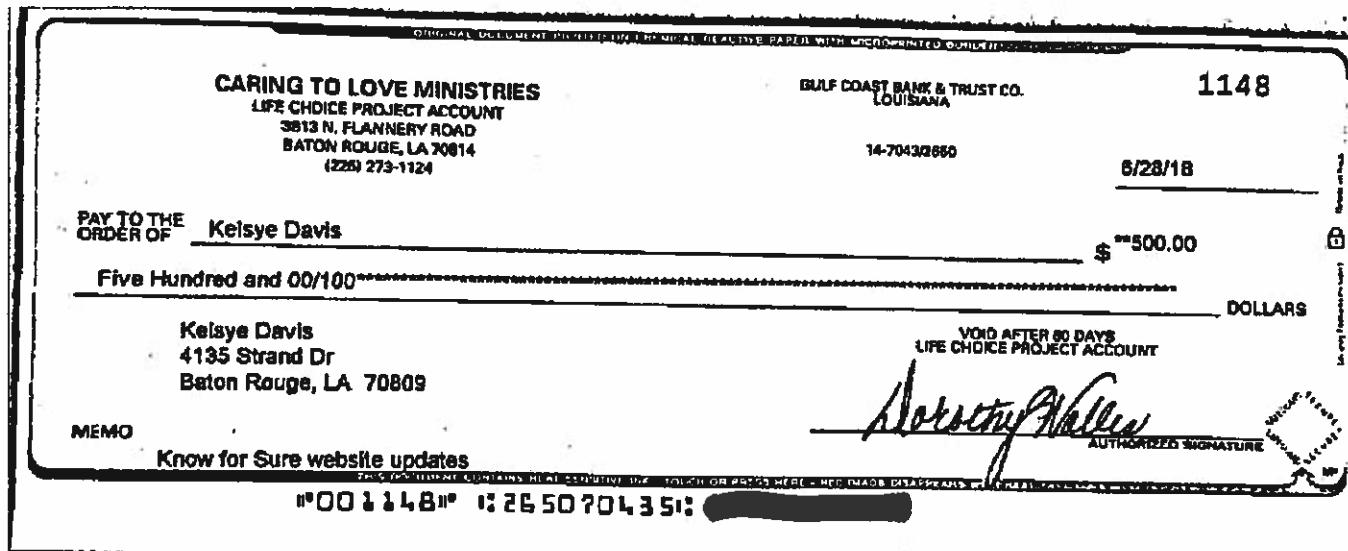
Wufoo 17.00 plus Kelsye Davis 500.00 business
500.00 - 517.00 Total Website
500.00 = 517.00

86

 **GULF COAST BANK**
& Trust Company
LCP CHECKING

7/4/2018 9:39 PM

xxxxxx6649



Amount: -500.00
Description: Check
Check Number: 1148
Posted Date: 7/3/2018
Transaction Type: History

PO# 2000 224936-0618 Section D-Operating Expense-Website

Wufoo 17.00 plus Kelsye Davis 500.00 = \$517.00 Total Website

Sources for Women

A ministry of Caring To Love Ministries
3813 N Flannery Rd
Baton Rouge, LA 70814

Invoice No. 6/30/2018
P.O.# 2000 224936

6/30/2018
P.O.# 2000 224936

P.O.# 2000 224936

INVOICE

Customer

Name	Life Choice Project		
Address	3813 N. Flannery Road	State	LA
City	Baton Rouge	ZIP	70814
Phone	225-273-1124		

Date 6/30/2018

Payment

SubTotal \$ 875.00

Please make check payable to:

Caring to Love Ministries

Caring to Love Ministries
3813 N. Flannery Road

Baton Rouge, LA 70814

Office Use Only

SECTION D Operating Expense-KNOWforSURE

LCP Budget to reimburse CTLW = \$875.00 for month



Created	Status	Approvals	Transaction Type	Account	Amount
7/5/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 187359	LCP CHECKING xxxxx6649	\$875.00

Tracking ID: 187359

Total Amount: \$875.00

Created: 07/05/2018 10:41 AM

Total Payments: 1

Created By: DOROTHY WALLIS

Description: KNOW FOR SURE

Authorized: 07/05/2018 10:41 AM

From: LCP CHECKING xxxxx6649

Authorized By: DOROTHY WALLIS

ACH Class Code: CCD

Will process On: 7/5/2018

ACH Header: CARING TO LOVE M

Effective: 7/6/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
KNOW FOR SURE	KNOW FOR SURE		\$875.00	XXXX6607	Checking	XXXXX0153	

Addenda: SFW- June 2018

APPROVAL(S):

1 DOROTHY WALLIS

SECTION D Operating Expense-KNOWforSURE

LCP Budget to reimburse CTLM = \$875.00 for month

PO# 2000 224936

SECTION F

PROFESSIONAL

0 • C

0 • C

2 • 200 • 00 +
2 • 025 • 00 +
700 • 00 +
700 • 00 +
250 • 00 +
875 • 00 +
1 • 000 • 00 +
250 • 00 +
250 • 00 +
150 • 00 +
500 • 00 +
8 • 900 • 00 *

0 • C

Direct Mailing Services, Inc.

16959 Highland Club Ave
Baton Rouge, LA 70817

Invoice

Date	Invoice #
6/30/2018	586

Bill To
Life Choice Project CTLM 3813 N Flannery Rd Baton Rouge, LA 70814

P.O. No.	Terms	Project
	Net 5	

Quantity	Description	Rate	Amount
1	Life Choice Accounting Services-June 2018	2,200.00	2,200.00
PO# 2000 224936-0618 Section F-Professional-Accounting Svc			
ACH = \$2200.00			
Thank you for the opportunity to serve you!		Total	\$2,200.00

PO # 2000 224936-0618

Section F-Professional-Accounting Svc
ACH = \$2200.00

Life Choice Project
Caring To Love Ministries
PO # 2000 224936-0118
June 2018

Detailed Description for Professional: Accounting Services

<u>Date</u>	<u>Hours</u>	<u>Description</u>	<u>\$</u> <u>2,200.00</u>
6/1/2018		Direct Mailing Services (Vickie Davis)	
6/5/2018	9	Begin all new billing worksheets for month, review Budget vs. Actual for this month, create all new LCP Grant worksheets to track LCP expenses and services; paid LCP a/p due	
6/8-6/12/18	8	Completed payroll and paid any Accounts Payable invoices Made copies of all invoices and cancelled checks and credit card receipts to justify expenditures, Paid payroll taxes, unemployment premium for prior month Verified receipt of all Subcontractors billing documents,	
6/13/2018	16	Completed any A/P and filed documents Paid LCP invoices received Continue preparing billing for this month's invoice Entered all Subcontractors Front Pages and analyze MTS to Actuals served, Balanced prior month bank statements, Met with Director to receive approval to pay Subcontractors front pages after any cuts are made if needed, Begin ACH payments that are approved Completed any final ACH payments, compiled all paperwork needed for entire billing, printed coding on each page of billing, created invoice worksheets, created ACH supporting document, ran Gulf Coast Bank transaction detail, completed Budget vs Actual and confirmed all payments are within LCP Budget	
6/19/2018	8	Completed any A/P and filed documents Paid LCP invoices received Reviewed entire billing and met with Director for approval, copied billing in color 2 times for distribution and filing: Enter LCP billing into Quickbooks and verify balance to Budget vs Actual worksheet, gave reports to Director about MTS for next month	
6/25/2018	6	Pay LCP invoices received, searched for any invoices not received, filed any documents for LCP; issued prior month Financials Completed payroll and paid any Accounts Payable invoices; filed documents Update all LCP worksheets to track budget and services	
6/29/2018	9	Pay LCP invoices received, searched for any invoices not received and filed accounting documents. Began accounting for next months LCP billing Compare LCP expenditures to Budget	
		ACH = \$2200.00	
	8	Pay A/P bills due Made copies of any LCP cancelled checks or credit card receipts to include in billing Verify all LCP bills for month are paid and cleared bank	
	64	Total Hours Worked	

PO# 2000 224936-0618

Section F-Professional-Accounting Svc



Created	Status	Approvals	Transaction Type	Account	Amount
7/5/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 187362	LCP CHECKING xxxxx6649	\$2,200.00

Tracking ID: 187362

Total Amount: \$2,200.00

Created: 07/05/2018 10:42 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxx6649

Authorized: 07/05/2018 10:43 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 7/5/2018

Effective: 7/6/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
DIRECT MAIL SERVICE	DIRECT MAIL SERVICE		\$2,200.00	XXXXX4392	Checking	XXXXX0090	

Addenda: DMS-June 2018

APPROVAL(S):

1 DOROTHY WALLIS

PO# 2000 224936-0618

Section F-Professional-Accounting Svc

ACH = \$2200.00

Resources for Communities

Garcia Bodley
 P.O. Box 73215
 Baton Rouge, LA 70874
 Phone: (225) 328-1965

INVOICE

Invoice #: 2018-0600

For: Services: June, 2018

Caring to Love Ministries
 C/O Life Choice Project
 3813 Flannery Road
 Baton Rouge, LA 70814
 (225) 273-1124

Location: Caring to Love Ministries
 C/O Life Choice Project
 3813 Flannery Road
 Baton Rouge, LA 70814

Date(s)	Description of Services Performed	# of Hours	Rate of Pay	Amount Billed
6/2; 6/10	As consultant, reviewed and analyze service delivery electronic information on; reviewed outstanding budget (service categories) and MTS to determine strategies for accomplishing.	3		
6/3; 6/11; 6/17; 6/25	As consultant, conducted on-going review of weekly, monthly and cumulative statistical information on clients and services to determine trends and compare to previous information to determine patterns or discrepancies.	4		
1-Jun	Newsletter	4		
ongoing	Maintained and revised programmatic documentations i.e., invoice forms, etc. quality assurance/compliance guides	3		
ongoing	Development and editing of the LCP Annual Report	11		
6/13; 6/22	Discussed with LCP Administrator, Accountant and other LCP staff review of service delivery trends and to plan appropriately for potential problems or barriers	2		
		27	\$ 75.00	\$2,025.00

PO# 2000 224936-0618 Section F-Professional-Performance Improvement Coord

ACH = \$2025.00



Created	Status	Approvals	Transaction Type	Account	Amount
7/5/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 187368	LCP CHECKING xxxxx6649	\$2,025.00

Tracking ID: 187368

Total Amount: \$2,025.00

Created: 07/05/2018 10:44 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxx6649

Authorized: 07/05/2018 10:44 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 7/5/2018

Effective: 7/6/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
RESOURCES COMMUN	RESOURCES FOR COMMUN		\$2,025.00	XXXXX07195	Checking	XXXXX0090	

Addenda: Res4Comm-June 2018

APPROVAL(S):

1 DOROTHY WALLIS

PO# 2000 224936-0618 Section F-Professional-Performance Improvement Coord

ACH = \$2025.00

45

Randy Rice and Associates

8221 Summa Ave Suite C
Baton Rouge, LA 70809-3451

Invoice

DATE	INVOICE #
6/30/2018	14015

Louisiana Life Choice Project
3813 North Flannery
Baton Rouge, LA 70814

DESCRIPTION	AMOUNT
June PR Life Choice: LPC Public Relations 20.50 Hrs @ \$34.15 per hour 4-Gathering of ratings for Radio and/or Television for each station 6-4-18 2.5-Check ranking of each station to determine where the advertising dollars would be the most beneficial 6-4-18 3.0-Negotiation of rates for each of the Radio and/or Television Stations 6-5-18 4-Generation of Orders for each station by daypart to ensure we are getting the best and most of the budget we are provided. 6-5-18 2-Audit of all invoices from each station to ensure that all spots ran as ordered 6-14-18 1.5-Send discrepancy notices for all spots not ran correctly 6-14-18 1-Issuance of credit in the event spots ran incorrectly 6-14-18 1-Arrange for Deliverables 6-14-18 1.5-Processing and delivery of Deliverables -14-18	700.00
PO# 2000 224936-0618 Section F Professional-Public Relations	
ACH = \$700.00	
Thank you for your business.	Total \$700.00



Created	Status	Approvals	Transaction Type	Account	Amount
7/5/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 187372	LCP CHECKING xxxxx6649	\$700.00

Tracking ID: 187372

Total Amount: \$700.00

Created: 07/05/2018 10:45 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxx6649

Authorized: 07/05/2018 10:45 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 7/5/2018

Effective: 7/6/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
RANDY RICE AND ASSOC	RANDY RICE AND ASSOC		\$700.00	X0000C7939	Checking	XXXXX0137	

Addenda: Rice Public Relations-June 2018

APPROVAL(S):

1 DOROTHY WALLIS

PO# 2000 224936-0618 Section F Professional-Public Relations

ACH = \$700.00

Invoice

Kathleen Benfield Consultants

P.O. Box 10305
New Orleans, LA 70181

Invoice #: 201184
Invoice Date: 6/30/2018

Terms	Net 30
-------	--------

Bill To:

Life Choice Project
Dorothy Wallis
3813 N. Flannery Rd.
Baton Rouge, LA 70814

Description	Rate	Hours/Qty	Amount
Services for June, 2018 Including training, modifications to web based database and reporting	700.00	1	700.00
Website/Database Maintenance and Support 06/11/18		2	0.00
Website/Database Maintenance and Support 06/13/18		1	0.00
Website/Database Maintenance and Support 06/18/18		3	0.00
Website/Database Maintenance and Support 06/26/18		2	0.00

PO# 2000 224936-0618 Section F Professional-Public Relations

ACH = \$700.00

Total \$700.00

Phone #	E-Mail
504-737-9030	kathleen@kathleenbenfield.com

Balance Due \$700.00



Created	Status	Approvals	Transaction Type	Account	Amount
7/5/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 187380	LCP CHECKING xxxxxx6649	\$700.00

Tracking ID: 187380 **Total Amount:** \$700.00

Created: 07/05/2018 10:50 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 07/05/2018 10:51 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 7/5/2018

Effective: 7/6/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
K BENFIELD ASSOC	K BENFIELD ASSOC		\$700.00	XXXXX8948	Checking	XXXXX0171	

Addenda: K Benfield-June 2018

APPROVAL(S):

1 DOROTHY WALLIS

PO# 2000 224936-0618 Section F Professional-Public Relations

ACH = \$700.00

Turn Key Solutions, LLC
11911 Justice Avenue
Baton Rouge, LA 70816
(225) 751-4444

LCP Budget to reimburse CTLM = \$250.00 for Turn Key



Bill To:
Caring To Love Ministries Attn: Dorothy Wallis 3813 N. Flannery Road Baton Rouge, LA 70814-8002 United States

Date	Invoice
06/01/2018	10030187

Terms	Due Date	PO Number	Reference
Net 30 days	07/01/2018		Monthly Billing for June

PLAN TYPE DESIGNATION: "PRIME FIXED FEE"

SEATS INCLUDED: 8

HELPDESK INCLUDED FOR: ALL OFFICE STAFF

PRIMARY components of your selected support plan:

- * The full TKS Partner Pulse Process
- * Virtual CIO Meetings regularly throughout the year to review strategy, I.T. risks, how your I.T. can support your business plans, our service, and anything else you'd like to talk about.
- * Network Security & Risk Assessment Scheduled regularly throughout the year
- * TKS' Gold Standard Implementation at no extra cost
- * Our best security solutions, including multiple antivirus, antimalware, and zero-day threat protection systems
- * Offsite monitoring and log review of your firewall
- * 24 x 7 monitoring of your system

STRATEGY, VCIO, AND STANDARDS:

- * vCIO In-Person Meeting Schedule: _____, and unlimited remote consultation on request for your strategy or other IT questions
- * Onsite Wellness Checkups Schedule: _____, and constant remote monitoring
- * Full suite of reports delivered daily, weekly, and monthly to keep you informed

DISASTER RECOVERY:

- * Onsite Disaster Recovery = Full capability, same day restoration of your server on our hardware if your server dies, typically
- * Offsite Backup Plan = "TKS GUSTAV" (96 hr DR Time Objective)
- * Remote support to restore service is included and not billable
- * Onsite support to facilitate with disaster recovery is billed separately, at 75% of regular rates (25% discount).

REMOTE HELP DESK:

- * We provide Remote Support (Help Desk) as needed for ALL YOUR STAFF members, for any technical issues related to your corporate IT.
- * Unlimited remote Server Administration, User Account Management
- * We provide the first level of support to your staff. Some support issues we'll need to involve other people on in order to resolve the issue, but we'll "own" the issue and stay involved until it's resolved.
- * Regular personal check-in with every staff member (via phone or email) to make sure things are working optimally for them.

ONSITE SERVICES:

- * Regularly scheduled vCIO and Wellness Checkups are included and not billed separately.
- * Onsite support and other services are billed separately, at 75% of regular rates (25% discount).

PROJECTS (MOVES/ADDS/CHANGES):

- * PC & Laptops purchased from TKS installed according to your documented install guidelines, for flat amount/ device, at our schedule availability.
- * 1 new workstation installed per "Wellness Checkup" period at no additional cost, if purchased from TKS.
- * All other project work is billed separately, at 75% of regular rates (25% discount).

CLOUD & MOBILITY SERVICES:

- * Not included, available separately

Please make checks payable to Turn Key Solutions, LLC
 Mail to: 11911 Justice Ave, Baton Rouge, LA 70816
 or use <https://www.billandpay.com/go/tks>
 Thank you!

Invoice Subtotal:	1,101.04
Sales Tax:	109.82
Invoice Total:	1,210.86
Payments:	0.00
Credits:	0.00
Balance Due:	1,210.86

50

Payment Confirmation - TurnKey Solutions, LLC

DCP Budget to Reimburse CTLM - \$250.00 for Turn Key

TurnKey Solutions, LLC

Wed 6/20/2018 9:52 AM

To:luv luv <luv@ctlm.org>;



TurnKey Solutions

We make technology work for you!

Dorothy Wallis,

Thank you for your payment.

Payment Amount: \$1,210.86

Confirmation #1908137-6902-2002636710

Your payment was applied to the following invoices:

- Paid \$1,210.86 on Invoice #10030187 from 06/01/2018.

Click here to login to your account to see your invoice and payment history.

If you have any questions, please contact us.

TurnKey Solutions, LLC
ar@turnkeysol.com
225-751-4444

This email has been sent to luv@ctlm.org by TurnKey Solutions, LLC which you are a customer of. Please let us know if you no longer wish to receive email communications from us.

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Learn more at
<http://www.billandpay.com/>

MICHAEL R. CHOATE, CPA APC

2915 S. Sherwood Forest Blvd., Suite B
Baton Rouge, LA 70816

Invoice

Date	Invoice #
6/11/2018	44621

Bill To

Caring to Love Ministries, Inc.
Dorothy Wallis
3813 N. Flannery Road
Baton Rouge, LA 70814

Description	Amount
FOR PROFESSIONAL SERVICES RENDERED:	0.00
PROGRESS BILLING ON AUDIT EXAMINATION OF FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30 2018	875.00
Section F Professional-Auditor Services-Michael Choate, CPA	
LCP Budget to reimburse CTLM = \$875.00	
DUE UPON RECEIPT.	Total \$875.00

**GULF COAST BANK
& Trust Company**
LCP CHECKING

xxxxxx6649

6/20/2018 8:36 AM

CARING TO LOVE MINISTRIES LIFE CHOICE PROJECT ACCOUNT 3813 N. FLANNERY ROAD BATON ROUGE, LA 70814 (225) 273-1124		GULF COAST BANK & TRUST CO. LOUISIANA	1147
PAY TO THE ORDER OF	Michael Choate, CPA APC	1410422850	6/6/18
Eight Hundred Seventy-Five and 00/100		\$ **875.00	DOLLARS
Michael Choate, CPA APC 2915 S Sherwood Forest Blvd, Ste B Baton Rouge, LA 70816		VOID AFTER 60 DAYS LIFE CHOICE PROJECT ACCOUNT	<i>Dorothy Waller</i> AUTHORIZED SIGNATURE
MEMO	Progress Billing 5/30/18 audit		
#00 1147# 10265070435# [REDACTED]			

Capital One, N.A. Richmond VA 065000090

43132TTV5510620180608000077211631

Capital One, N.A. Richmond VA 065000090
43132TTV5510620180608000077211631
>065000090<

CAPITAL ONE, NA
0052382176 06082018
RICHMOND, VA 07821
Deposit [REDACTED]

0910016860
2018-06-11

For Deposit-Only
Michael R. Choate & Co., CPAs
Capital One Bank

Amount: -875.00

Description: Check

Check Number: 1147 Section F Professional-Auditor Services-Michael Choate, CPA

Posted Date: 6/11/2018

Transaction Type: History LCP Budget to reimburse CTLM = \$875.00

ACH \$1000+\$250+\$250+\$150+\$500=\$2150

J HAM ENTERPRISES, INC.

INVOICE

Date: June 30, 2018**Attention:** Dorothy Wallis**Bill to:**

Caring to Love Ministries
 3813 North Flannery Rd.
 Baton Rouge, LA 70814

Remit to:

J Ham Enterprises, Inc.
 812 Sandy Lane
 Ruston, LA 71270

Description**Amount Due:**

Pregnancy Help Center Consulting
 June 30, 2018
 33.5 hours @ \$30.00 per hour

\$1000.00

Summary description of activities by category:

Hours	Activity
3	Daily compilation and submission of center client visits
12	Compliance Visits for Women's Resource Center in Natchitoches and A Pregnancy Center & Clinic in Lafayette -Audit of client files, Review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of Findings with Director
2	Preparation, Completion, & Submission of Compliance Documents
6	Phone conferences with LCP Director
2	Communication with Directors concerning reporting requirements and daily standings
2	Administrative Record Keeping
6.5	Site expansion meetings (phone and in person)

ACH \$1000+\$250+\$250+\$150+\$500=\$2150



Created ▾ Status ▾ Approvals ▾ Transaction Type ▾ Account ▾ Amount ▾

7/5/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 187373	LCP CHECKING xxxxx6649	\$1,000.00
----------	------------	--------	---------------------------------	------------------------	------------

Tracking ID: 187373 **Total Amount:** \$1,000.00

Created: 07/05/2018 10:46 AM **Total Payments:** 1

Created By: DOROTHY WALLIS **Description:** J HAM & Associates

Authorized: 07/05/2018 10:46 AM **From:** LCP CHECKING xxxxx6649

Authorized By: DOROTHY WALLIS **ACH Class Code:** PPD

Will process On: 7/5/2018 **ACH Header:** CARING TO LOVE M

Effective: 7/6/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
J HAM	J HAM		\$1,000.00	X00X0613	Checking	X00X2758	

Addenda: JHam-June 2018

APPROVAL(S):

1 DOROTHY WALLIS

PO# 2000 224936-0618 Section F-Professional-Prof Tech Svc.

ACH \$1000+\$250+\$250+\$150+\$500=\$2150

INVOICE

Date: June 30, 2018

Attention: Dorothy Wallis

Bill to:

Caring to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814

Remit to:

Sanaretha Gray
P. O. Box 413
Prairieville, LA 70769

Description

Pregnancy Help Center Consulting
June 2018
10 hours @ \$25.00 per hour

Amount due:

\$250.00

Summary description of activities by category:

Hours	Activity
1.0	Compliance review CPC - Gonzales - Audit of client files, review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of findings with Director
4.0	Preparation, completion, & submission of Compliance Documents
5.0	Review and verification of Clinic billing packets, compilation of error report

PO# 2000 224936-0618 Section F-Professional-Prof Tech Svc.**ACH \$1000+\$250+\$250+\$150+\$500=\$2150**

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
7/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 189937	LCP CHECKING xxxxxx6649	\$250.00

Tracking ID: 189937**Created: 07/09/2018 9:43 AM****Created By: DOROTHY WALLIS****Authorized: 07/09/2018 9:44 AM****Authorized By: DOROTHY WALLIS****Will process On: 7/9/2018****Effective: 7/10/2018****RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Sanaretha Gray	Sanaretha Gray		\$250.00	XXXXXX0012	Checking	XXXXXX3511	

Addenda: S Gray-June 2018

APPROVAL(S):

I DOROTHY WALLIS

ACH \$1000+\$250+\$250+\$150+\$500=\$2150

INVOICE**Date:** June 30, 2018**Attention:** Dorothy Wallis**Bill to:**

Caring to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814

Remit to:

Michelle Dyess
12238 Leblanc Ln
Walker, LA 70785

Description

Pregnancy Help Center Consulting
June 2018
10 hours @ \$25 per hour

Amount due:

\$250.00

Summary description of activities by category:

Hours	Activity
8	Compliance visit to Care Pregnancy Clinic in Baton Rouge and Restoration PRC. - Audit of client files, review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of findings with Director
2	Preparation, completion, & Submission of Compliance Documents

ACH \$1000+\$250+\$250+\$150+\$500=\$2150



Created	Status	Approvals	Transaction Type	Account	Amount
7/5/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 187374	LCP CHECKING xxxxx6649	\$250.00

Tracking ID: 187374**Total Amount: \$250.00****Created: 07/05/2018 10:47 AM****Total Payments: 1****Created By: DOROTHY WALLIS****Description: Michelle Dyess****Authorized: 07/05/2018 10:47 AM****From: LCP CHECKING xxxxx6649****Authorized By: DOROTHY WALLIS****ACH Class Code: PPD****Will process On: 7/5/2018****ACH Header: CARING TO LOVE M****Effective: 7/6/2018****RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Michelle Dyess	Michelle Dyess	MDyess	\$250.00	XXXX2093	Checking	XXXXX0153	

Addenda: M Dyess-June 2018

APPROVAL(S):

1 DOROTHY WALLIS

PO# 2000 224936-0618 Section F-Professional-Prof Tech Svc.

ACH \$1000+\$250+\$250+\$150+\$500=\$2150

INVOICE

Date: June 30th, 2018

Attention: Dorothy Wallis

Bill to:

Caring to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814

Remit to:

Emily Ilgenfritz
4605 S Saratoga St.
New Orleans, LA 70115

Description

Pregnancy Help Center Consulting
June 2018
10 hours @ \$15.00 per hour

Amount due:

\$150.00

Summary description of activities by category:

Hours	Activity
10	Review and verification of Clinic billing packets, compilation of error report

60

PO# 2000 224936-0618 Section F-Professional-Prof Tech Svc.

ACH \$1000+\$250+\$250+\$150+\$500=\$2150



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
7/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 189932	LCP CHECKING xxxxx6649	\$150.00

Tracking ID: 189932

Total Amount: \$150.00

Created: 07/09/2018 9:41 AM

Total Payments: 1

Created By: DOROTHY WALLIS

Description: Emily Ilgenfritz

Authorized: 07/09/2018 9:42 AM

From: LCP CHECKING xxxxx6649

Authorized By: DOROTHY WALLIS

ACH Class Code: PPD

Will process On: 7/9/2018

ACH Header: CARING TO LOVE M

Effective: 7/10/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Emily Ilgenfritz	Emily Ilgenfritz		\$150.00	XXXX285	Checking	XXXXX3650	

Addenda: E Ilgenfritz-June 2018

APPROVAL(S):

1

DOROTHY WALLIS

PO# 2000 224936-0618 Section F-Professional-Prof Tech Svc.

ACH \$1000+\$250+\$250+\$150+\$500=\$2150

INVOICE

Date: June 31, 2018

Attention: Dorothy Wallis

Bill to:

Caring to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814

Remit to:

Alexis Farrugia
416 Shrewsbury Ct.
Jefferson, LA 70121

Description

Pregnancy Help Center Consulting
June 2018
20 hours @ \$25.00 per hour

Amount due:

\$500.00

Summary description of activities by category:

Hours	Activity
16	Review and verification of Clinic billing packets, compilation of error report
2	Compliance visits to ACCESS Pregnancy Center - Audit of client visits, review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of findings with director
2	Preparation, Completion, & Submission of Compliance Documents

ACH \$1000+\$250+\$250+\$150+\$500=\$2150



Created	Status	Approvals	Transaction Type	Account	Amount
7/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 189936	LCP CHECKING xxxxx6649	\$500.00

Tracking ID: 189936**Total Amount:** \$500.00**Created:** 07/09/2018 9:42 AM**Total Payments:** 1**Created By:** DOROTHY WALLIS**Description:** Alexis Farrugia**Authorized:** 07/09/2018 9:43 AM**From:** LCP CHECKING xxxxx6649**Authorized By:** DOROTHY WALLIS**ACH Class Code:** PPD**Will process On:** 7/9/2018**ACH Header:** CARING TO LOVE M**Effective:** 7/10/2018**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Alexis Farrugia	Alexis Farrulia		\$500.00	Xxxxx71153	Checking	XXXXX0090	

Addenda: A Farrugia-June 2018

APPROVAL(S):

1 DOROTHY WALLIS

PO# 2000 224936

SECTION G

OTHER CHARGES

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

*** June 2018 BILLED *****

TOTAL ALL SUB REPORTS

Cumm from Last Month	2184 Cumm 2nd Visits Last Month	2122
Number of New Participants	322 New 2nd Visits	-
Cumulative Participants	2506 Cumm 2nd Visits	2122

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	322	\$ 3,220.00
2 Positive Pregnancy Test	\$ 10.00	122	\$ 1,220.00
3 Negative Pregnancy Test	\$ 10.00	18	\$ 180.00
4 Abstinence Education	\$ 30.00	18	\$ 540.00
5 Counseling	\$ 40.00	69	\$ 2,760.00
6 Referral Services	\$ 10.00	17	\$ 170.00
7 Health Risk Assessment	\$ 30.00	-	\$ -
8 Care Plan Development	\$ 30.00	84	\$ 2,520.00
9 On-going Care	\$ 30.00	115	\$ 3,450.00
10 Family Support Services	\$ 40.00	82	\$ 3,280.00
11 Home Outreach Support Services	\$ 75.00	-	\$ -
12 Birth Outcome Confirmation	\$ 40.00	-	\$ -
TOTAL SUB-CONTRACTOR REIMBURSEMENT		847	\$ 17,340.00

Amount Due \$ 17,340.00

Summary:

Care Pregnancy Clinic	\$ 4,960.00
Women's Resource Center of Natch LA	\$ 1,560.00
A Pregnancy Center	\$ 3,860.00
Access Pregnancy-(Catholic Charities)	\$ 1,110.00
Restoration House	\$ 2,240.00
CPC-Gonzales	\$ 1,630.00
CPC-RV	\$ 1,980.00

TOTAL ALL CENTERS \$ 17,340.00

65

**Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Care Pregnancy Clinic
 Project Number LCP17-18-01
 Date of Report 06/01/2018 thru 06/30/2018 (Report Printed: 07/10/2018)
 Report Submitted By Deborah Clayton
 Address 3813 N. Flannery Rd.
 City State Zip Baton Rouge, LA 70814

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client	Not Appr	Coun Mins	Center Date
			Not Appr			

REIMBURSEMENT

New Pos. Clients: 101 2nd: 62 3rd: 19 Pantry: 57 Home: 4 Postpartum 1

Description of Service	#Served	Reimb. Cost	Total
Intake Application	117	\$10	\$ 1170
Positive Pregnancy Test	40+49 Mbt	\$10	\$ 4040 490 Mbt
Negative Pregnancy Test	35 Mbt	\$10	\$ 350 50 Mbt
Abstinence Education	85 Mbt	\$30	\$ 2550 150 Mbt
Counseling	100-19 Mbt	\$40	\$ 4000 750 Mbt
Referral Services	70 Mbt	\$10	\$ 700 50 Mbt
Health Risk Assessment	105-0 Mbt	\$30	\$ 3150 0 Mbt
Care Plan Development	92-30 Mbt	\$30	\$ 2760 900 Mbt
On-Going Care/Monitoring	22-25 Mbt	\$30	\$ 660 750 Mbt
Family Support Services	17-6 Mbt	\$40	\$ 680 640 Mbt
Home Outreach Support Services	4-0 Mbt	\$75	\$ 300 0 Mbt
Birth Outcome Confirmation	10 Mbt	\$40	\$ 40 0 Mbt

Total Services 899 271 Mbt \$ 16600 4960. Mbt

2nd Positive and/or Negative Test Authorization

Adjustments:	<input type="checkbox"/>	<input type="checkbox"/>
Total Billed:	<input type="checkbox"/>	<input type="checkbox"/>

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

Margaret Thompson

*** FOR OFFICIAL USE ONLY ***

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Care Pregnancy ClinicLCP 17-18-01

Cumm from Last Month	880 Cumm 2nd Visits Last Month	790
Number of New Participants for This Month	117 New 2nd Visits	-
Cummulative Participants	997 Cumm 2nd Visits	<u>790</u>

Client Services:

	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	117	\$ 1,170.00
2 Positive Pregnancy Test	\$ 10.00	49	\$ 490.00
3 Negative Pregnancy Test	\$ 10.00	5	\$ 50.00
4 Abstinence Education	\$ 30.00	5	\$ 150.00
5 Counseling	\$ 40.00	19	\$ 760.00
6 Referral Services	\$ 10.00	5	\$ 50.00
7 Health Risk Assessment	\$ 30.00	-	\$ -
8 Care Plan Care	\$ 30.00	30	\$ 900.00
9 On-going Care	\$ 30.00	25	\$ 750.00
10 Family Support Services	\$ 40.00	16	\$ 640.00
11 Home Outreach Support Services	\$ 75.00	-	\$ -
12 Birth Outcome Confirmation	\$ 40.00	-	\$ -
TOTAL SUB-CONTRACTOR REIMBURSEMENT		271	\$ 4,960.00

4960 Amount Due \$ 4,960.00



Created	Status	Approvals	Transaction Type	Account	Amount
7/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 189939	LCP CHECKING xxxxx6649	\$4,960.00

Tracking ID: 189939

Created: 07/09/2018 9:45 AM

Created By: DOROTHY WALLIS

Authorized: 07/09/2018 9:45 AM

Authorized By: DOROTHY WALLIS

Will process On: 7/9/2018

Effective: 7/10/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$4,960.00	XXXX6569	Checking	XXXXX0153	

Addenda: CPC-June 2018

APPROVAL(S):

1 DOROTHY WALLIS

**Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization	Women's Resource Center of Natch La
Project Number	LCP17-18-04
Date of Report	06/01/2018 thru 06/30/2018 (Report Printed: 06/28/2018)
Report Submitted By	Danette Westfall
Address	107 North Street
City State Zip	Natchitoches, LA 71457

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client Not Appr	Coun Mins	Date	Center ID
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REIMBURSEMENT

New Pos. Clients:25 2nd:15 3rd:10 Pantry:28 Home:8 Postpartum:7

Description of Service	#Served	Reimb.	Cost	Total
Intake Application	16 ✓	Mbt	\$10	\$ 160
Positive Pregnancy Test	25 ✓	10 Mbt	\$10	\$ 250 100 Mbt
Negative Pregnancy Test	1 ✓		\$10	\$ 10
Abstinence Education	1 ✓		\$30	\$ 30
Counseling	25 ✓	5 Mbt	\$40	\$ 200 200 Mbt
Referral Services	23 ✓	3 Mbt	\$10	\$ 330 30 Mbt
Health Risk Assessment	22 ✓	0 Mbt	\$30	\$ 660 0 Mbt
Care Plan Development	15 ✓	0 Mbt	\$30	\$ 450 210 Mbt
On-Going Care/Monitoring	18 ✓		\$30	\$ 540
Family Support Services	7 ✓		\$40	\$ 280
Home Outreach Support Services	8 ✓	0 Mbt	\$75	\$ 600 0 Mbt
Birth Outcome Confirmation	7 ✓	0 Mbt	\$40	\$ 280 0 Mbt

Total Services 289 68 Mbt \$ 4920 1560. Mbt

2nd Positive and/or Negative Test Authorization

Adjustments:

1

1

1

1

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

*** FOR OFFICIAL USE ONLY ***

Margaret Thompson
Dorothy Westfall

69

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Women's Resource Center of Natch LA LCP-17-18-04

Cumm from Last Month	262 Cumm 2nd Visits Last Month	365
Number of New Participants for This Month	16 New 2nd Visits	-
Cummulative Participants	278 Cumm 2nd Visits	<u>365</u>

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	16	\$ 160.00
2 Positive Pregnancy Test	\$ 10.00	10	\$ 100.00
3 Negative Pregnancy Test	\$ 10.00	1	\$ 10.00
4 Abstinence Education	\$ 30.00	1	\$ 30.00
5 Counseling	\$ 40.00	5	\$ 200.00
6 Referral Services	\$ 10.00	3	\$ 30.00
7 Health Risk Assessment	\$ 30.00	-	\$ -
8 Care Plan Care	\$ 30.00	7	\$ 210.00
9 On-going Care	\$ 30.00	18	\$ 540.00
10 Family Support Services	\$ 40.00	7	\$ 280.00
11 Home Outreach Support Services	\$ 75.00	-	\$ -
12 Birth Outcome Confirmation	\$ 40.00	-	\$ -
TOTAL SUB-CONTRACTOR REIMBURSEMENT		68	\$ 1,560.00

Amount Due \$ 1,560.00



Created ▾ Status ▾ Approvals ▾ Transaction Type ▾ Account ▾ Amount ▾

7/9/2018 Authorized 1 of 1 ACH Batch - Tracking ID: 189940 LCP CHECKING xxxxx6649 \$1,560.00

Tracking ID: 189940 **Total Amount:** \$1,560.00

Created: 07/09/2018 9:46 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxx6649

Authorized: 07/09/2018 9:47 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 7/9/2018

Effective: 7/10/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
WOMENS RES CENT NATCH	WOMENS RES CENT NATCH		\$1,560.00	XXXX078	Checking	XXXXX2949	

Addenda: WRC Natch-June 2018

APPROVAL(S):

1 DOROTHY WALLIS

**Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization A Pregnancy Center & Clinic
 Project Number LCP17-18-103
 Date of Report 06/01/2018 thru 06/30/2018 (Report Printed: 07/02/2018)
 Report Submitted By Denise Williamson
 Address 913 S. College Rd Ste 206
 City State Zip Lafayette, LA 70503

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client		
			Not Appr	Coun Mins	Center Date ID

REIMBURSEMENT

New Pos. Clients:69 2nd:42 3rd:30 Pantry:79 Home:7 Postpartum:11

Description of Service	#Served	Reimb. Cost	Total
Intake Application	45	\$10	\$ 450
Positive Pregnancy Test	69 25 Mbt	\$10	\$ 690 250 Mbt
Negative Pregnancy Test	62 Mbt	\$10	\$ 620 20 Mbt
Abstinence Education	62 Mbt	\$30	\$ 1860 60 Mbt
Counseling	60 19 Mbt	\$40	\$ 2400 760 Mbt
Referral Services	20 2 Mbt	\$10	\$ 200 20 Mbt
Health Risk Assessment	26 0 Mbt	\$30	\$ 780 0 Mbt
Care Plan Development	30 5 Mbt	\$30	\$ 1120 150 Mbt
On-Going Care/Monitoring	37	\$30	\$ 1110
Family Support Services	26	\$40	\$ 1040
Home Outreach Support Services	7 0 Mbt	\$75	\$ 525 0 Mbt
Birth Outcome Confirmation	11 0 Mbt	\$40	\$ 440 0 Mbt

Total Services *270 163 Mbt* \$ *22495* *3860. 105*

2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

*** FOR OFFICIAL USE ONLY ***

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

A Pregnancy CenterLCP-17-18-103

Cumm from Last Month	458 Cumm 2nd Visits Last Month	533
Number of New Participants for This Month	45 New 2nd Visits	-
Cummulative Participants	503 Cumm 2nd Visits	533

Client Services:

	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	45	\$ 450.00
2 Positive Pregnancy Test	\$ 10.00	25	\$ 250.00
3 Negative Pregnancy Test	\$ 10.00	2	\$ 20.00
4 Abstinence Education	\$ 30.00	2	\$ 60.00
5 Counseling	\$ 40.00	19	\$ 760.00
6 Referral Services	\$ 10.00	2	\$ 20.00
7 Health Risk Assessment	\$ 30.00	-	\$ -
8 Care Plan Care	\$ 30.00	5	\$ 150.00
9 On-going Care	\$ 30.00	37	\$ 1,110.00
10 Family Support Services	\$ 40.00	26	\$ 1,040.00
11 Home Outreach Support Services	\$ 75.00	-	\$ -
12 Birth Outcome Confirmation	\$ 40.00	-	\$ -

TOTAL SUB-CONTRACTOR REIMBURSEMENT	163	\$ 3,860.00
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Amount Due	\$ 3,860.00
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Created	Status	Approvals	Transaction Type	Account	Amount
7/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 189943	LCP CHECKING xxxxx6649	\$3,860.00

Tracking ID: 189943

Created: 07/09/2018 9:47 AM

Created By: DOROTHY WALLIS

Authorized: 07/09/2018 9:48 AM

Authorized By: DOROTHY WALLIS

Will process On: 7/9/2018

Effective: 7/10/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
A PREGNANCY CENTER C	A PREGNANCY CENTER C		\$3,860.00	XXXX2775	Checking	XXXXX0222	

Addenda: APC-June 2018

APPROVAL(S):

1 DOROTHY WALLIS

**Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Access - Catholic Charities
 Project Number LCP17-18-107-1
 Date of Report 06/01/2018 thru 06/30/2018 (Report Printed: 06/28/2018)
 Report Submitted By Kay Bongard
 Address 921 Aris Avenue
 City State Zip Metairie, LA 70005

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client		
			Not Appr	Coun Mins	Center Date ID

REIMBURSEMENT

New Pos. Clients:11 2nd:11 3rd:4 Pantry:34 Home:0 Postpartum:1

Description of Service	#Served	Reimb. Cost	Total
Intake Application	14	\$10	\$ 140
Positive Pregnancy Test	14	\$10	\$ 140 <i>60 Mbt</i>
Negative Pregnancy Test	3	\$10	\$ 30
Abstinence Education	3	\$30	\$ 90
Counseling	15	\$40	\$ 600 <i>200 Mbt</i>
Referral Services	16	\$10	\$ 160 <i>20 Mbt</i>
Health Risk Assessment	15	\$30	\$ 450 <i>0 Mbt</i>
Care Plan Development	11	\$30	\$ 330
On-Going Care/Monitoring	4	\$30	\$ 120
Family Support Services	3	\$40	\$ 120
Home Outreach Support Services	0	\$75	\$ 0
Birth Outcome Confirmation	20	\$40	\$ 800 <i>Mbt</i>

Total Services *25* \$1 ubt \$ *2100* *110*, *1 ubt*

2nd Positive and/or Negative Test Authorization

Adjustments:	<input type="checkbox"/>	<input type="checkbox"/>
Total Billed	<input type="checkbox"/>	<input type="checkbox"/>

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

M. Black *M. Murphy R. Deed Dadee*

*** FOR OFFICIAL USE ONLY ***

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Access Pregnancy-(Catholic Charities) LCP-17-18-107-1

Cumm from Last Month	109 Cumm 2nd Visits Last Month	98
Number of New Participants for This Month	14 New 2nd Visits	-
Cummulative Participants	123 Cumm 2nd Visits	98

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	14	\$ 140.00
2 Positive Pregnancy Test	\$ 10.00	6	\$ 60.00
3 Negative Pregnancy Test	\$ 10.00	3	\$ 30.00
4 Abstinence Education	\$ 30.00	3	\$ 90.00
5 Counseling	\$ 40.00	5	\$ 200.00
6 Referral Services	\$ 10.00	2	\$ 20.00
7 Health Risk Assessment	\$ 30.00	-	\$ -
8 Care Plan Care	\$ 30.00	11	\$ 330.00
9 On-going Care	\$ 30.00	4	\$ 120.00
10 Family Support Services	\$ 40.00	3	\$ 120.00
11 Home Outreach Support Services	\$ 75.00	-	\$ -
12 Birth Outcome Confirmation	\$ 40.00	-	\$ -

TOTAL SUB-CONTRACTOR REIMBURSEMENT	51	\$ 1,110.00
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Amount Due	\$ 1,110.00
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Created ▾ Status ▾ Approvals ▾ Transaction Type ▾ Account ▾ Amount ▾

7/9/2018 Authorized 1 of 1 ACH Batch - Tracking ID: 189947 LCP CHECKING xxxxx6649 \$1,110.00

Tracking ID: 189947 **Total Amount:** \$1,110.00

Created: 07/09/2018 9:49 AM **Total Payments:** 1

Created By: DOROTHY WALLIS **From:** LCP CHECKING xxxxx6649

Authorized: 07/09/2018 9:49 AM **ACH Class Code:** CCD

Authorized By: DOROTHY WALLIS **ACH Header:** CARING TO LOVE M

Will process On: 7/9/2018

Effective: 7/10/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CATHOLIC CHARITIES	CATHOLIC CHARITIES		\$1,110.00	XXXXX21274	Checking	XXXXX0137	

Addenda: Catholic Charities-Access-June 2018

APPROVAL(S):

1 DOROTHY WALLIS

**Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Restoration Pregnancy Resource Ctr.
 Project Number LCP17-18-116
 Date of Report 06/01/2018 thru 06/30/2018 (Report Printed: 06/29/2018)
 Report Submitted By Tara Hudgins
 Address
 City State Zip

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client	Not Appr	Coun Mins	Center Date
			Not Appr			

REIMBURSEMENT

New Pos. Clients:18 2nd:15 3rd:8 Pantry:24 Home:5 Postpartum:4

Description of Service	#Served	Reimb. Cost	Total
Intake Application	20	\$10	\$ 200
Positive Pregnancy Test	18 8 Mbt	\$10	\$ 100 80 Mbt
Negative Pregnancy Test	1	\$10	\$ 10
Abstinence Education	1	\$30	\$ 30
Counseling	26 8 Mbt	\$40	\$ 320 320 Mbt
Referral Services	22 2 Mbt	\$10	\$ 20 Mbt
Health Risk Assessment	250 Mbt	\$30	\$ 750 0 Mbt
Care Plan Development	18 6 Mbt	\$30	\$ 540 20 180 Mbt
On-Going Care/Monitoring	20	\$30	\$ 600
Family Support Services	23 20 Mbt	\$40	\$ 920 800 Mbt
Home Outreach Support Services	5 0 Mbt	\$75	\$ 375 0 Mbt
Birth Outcome Confirmation	4 0 Mbt	\$40	\$ 200 0 Mbt

Total Services ~~295~~ 86 Mbt \$ ~~5265~~ 2240. Mbt

2nd Positive and/or Negative Test Authorization

Adjustments:	<input type="checkbox"/>	<input type="checkbox"/>
Total Billed	<input type="checkbox"/>	<input type="checkbox"/>

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Dorothy R Bell

Supervisor's Signature

Mary Weaver

Data Entry Clerk's Signature

*** FOR OFFICIAL USE ONLY ***

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Restoration HouseLCP 17-18-116

Cumm from Last Month	252 Cumm 2nd Visits Last Month	237
Number of New Participants for This Month	20 New 2nd Visits	-
Cummulative Participants	<u>272 Cumm 2nd Visits</u>	<u>237</u>

REIMBURSEMENT

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	20	\$ 200.00
2 Positive Pregnancy Test	\$ 10.00	8	\$ 80.00
3 Negative Pregnancy Test	\$ 10.00	1	\$ 10.00
4 Abstinence Education	\$ 30.00	1	\$ 30.00
5 Counseling	\$ 40.00	8	\$ 320.00
6 Referral Services	\$ 10.00	2	\$ 20.00
7 Health Risk Assessment	\$ 30.00	-	\$ -
8 Care Plan Care	\$ 30.00	6	\$ 180.00
9 On-going Care	\$ 30.00	20	\$ 600.00
10 Family Support Services	\$ 40.00	20	\$ 800.00
11 Home Outreach Support Services	\$ 75.00	-	\$ -
12 Birth Outcome Confirmation	\$ 40.00	-	\$ -
TOTAL SUB-CONTRACTOR REIMBURSEMENT		86	\$ 2,240.00

Amount Due	\$	2,240.00
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Created	Status	Approvals	Transaction Type	Account	Amount
7/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 189951	LCP CHECKING xxxxx6649	\$2,240.00

Tracking ID: 189951 **Total Amount: \$2,240.00**

Created: 07/09/2018 9:50 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxx6649

Authorized: 07/09/2018 9:50 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 7/9/2018

Effective: 7/10/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
RESTORATION PREGNANCY	RESTORATION PREGNANCY		\$2,240.00	XXXX176	Checking	XXXXX5459	

Addenda: Restoration-June 2018

APPROVAL(S):

1 DOROTHY WALLIS

**Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

COPY

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization CPC Gonzales
 Project Number LCP17-18-01-1
 Date of Report 06/01/2018 thru 06/30/2018 (Report Printed: 07/02/2018)
 Report Submitted By Michelle Dyess
 Address 322 E. Worthy
 City State Zip Gonzales, LA 70737

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client		
			Not Appr	Coum Mins	Center Date ID

REIMBURSEMENT

New Pos. Clients:11 2nd:6 3rd:9 Pantry:17 Home:2 Postpartum:3

Description of Service	#Served	Reimb. Cost	Total
Intake Application	27	\$10	\$ 270
Positive Pregnancy Test	11 8 Mbt	\$10	\$ 110- 80 Mbt
Negative Pregnancy Test	26 2 Mbt	\$10	\$ 260- 20 Mbt
Abstinence Education	20 2 Mbt	\$30	\$ 600- 60 Mbt
Counseling	20 5 Mbt	\$40	\$ 200- 200 Mbt
Referral Services	27 3 Mbt	\$10	\$ 170- 90 Mbt
Health Risk Assessment	22 0 Mbt	\$30	\$ 660- 0 Mbt
Care Plan Development	11 8 Mbt	\$30	\$ 330- 240 Mbt
On-Going Care/Monitoring	11 30	\$30	\$ 330
Family Support Services	10	\$40	\$ 400
Home Outreach Support Services	2 0 Mbt	\$75	\$ 150- 0 Mbt
Birth Outcome Confirmation	2 0 Mbt	\$40	\$ 120- 0 Mbt

Total Services 266 76 Mbt \$ 3980- 1630. Mbt

2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Michelle Dyess

Supervisor's Signature

Michelle Dyess

Data Entry Clerk's Signature

Michelle Dyess

*** FOR OFFICIAL USE ONLY ***

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

CPC-Gonzales LCP 17-18-01-1LCP 17-18-

Cumm from Last Month	120 Cumm 2nd Visits Last Month	64
Number of New Participants for This Month	27 New 2nd Visits	-
Cummulative Participants	147 Cumm 2nd Visits	64

REIMBURSEMENT

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	27	\$ 270.00
2 Positive Pregnancy Test	\$ 10.00	8	\$ 80.00
3 Negative Pregnancy Test	\$ 10.00	2	\$ 20.00
4 Abstinence Education	\$ 30.00	2	\$ 60.00
5 Counseling	\$ 40.00	5	\$ 200.00
6 Referral Services	\$ 10.00	3	\$ 30.00
7 Health Risk Assessment	\$ 30.00	-	\$ -
8 Care Plan Care	\$ 30.00	8	\$ 240.00
9 On-going Care	\$ 30.00	11	\$ 330.00
10 Family Support Services	\$ 40.00	10	\$ 400.00
11 Home Outreach Support Services	\$ 75.00	-	\$ -
12 Birth Outcome Confirmation	\$ 40.00	-	\$ -
TOTAL SUB-CONTRACTOR REIMBURSEMENT		76	\$ 1,630.00

Amount Due	\$	1,630.00
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Created ▾ Status ▾ Approvals ▾ Transaction Type ▾ Account ▾ Amount ▾

7/9/2018 Authorized 1 of 1 ACH Batch - Tracking ID: 189957 LCP CHECKING xxxxx6649 \$1,630.00

Tracking ID: 189957

Total Amount: \$1,630.00

Created: 07/09/2018 9:51 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxx6649

Authorized: 07/09/2018 9:52 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 7/9/2018

Effective: 7/10/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$1,630.00	XXXX6569	Checking	XXXXX0153	

Addenda: CPC Gonzales-June 2018

APPROVAL(S):

1 DOROTHY WALLIS

**Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Care Pregnancy Clinic RV
 Project Number LCP17-18-01-02
 Date of Report 06/01/2018 thru 06/30/2018 (Report Printed: 07/08/2018)
 Report Submitted By Deborah Clayton
 Address 3813 N. Flannery Rd.
 City State Zip Baton Rouge, LA 70814

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client		
			Not Appr	Coun Mins	Center Date ID

REIMBURSEMENT

New Pos. Clients:34 2nd:0 3rd:0 Pantry:0 Home:0 Postpartum:0

Description of Service	#Served	Reimb. Cost	Total
Intake Application	83	\$10	\$ 830
Positive Pregnancy Test	24 1/6 mbt	\$10	\$ 240 1/6 mbt
Negative Pregnancy Test	49 4/6 mbt	\$10	\$ 490 4/6 mbt
Abstinence Education	49 4/6 mbt	\$30	\$ 1470 120 mbt
Counseling	32 8/26	\$40	\$ 1320 320 mbt
Referral Services	0	\$10	\$ 0
Health Risk Assessment	34 0 mbt	\$30	\$ 1020 0 mbt
Care Plan Development	34 17 mbt	\$30	\$ 1020 510 mbt
On-Going Care/Monitoring	0	\$30	\$ 0
Family Support Services	0	\$40	\$ 0
Home Outreach Support Services	0	\$75	\$ 0
Birth Outcome Confirmation	0	\$40	\$ 0

Total Services 318 132 mbt \$ 6490 1980 mbt

2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

Margaret Chapman
Senior Director

*** FOR OFFICIAL USE ONLY ***

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

CPC-RVLCP 17-18-

Cumm from Last Month 67 Cumm 2nd Visits.

Number of New Participants for This Month 83 New 2nd Visits

Cummulative Participants 150 Cumm 2nd Visits

REIMBURSEMENT

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	83	\$ 830.00
2 Positive Pregnancy Test	\$ 10.00	16	\$ 160.00
3 Negative Pregnancy Test	\$ 10.00	4	\$ 40.00
4 Abstinence Education	\$ 30.00	4	\$ 120.00
5 Counseling	\$ 40.00	8	\$ 320.00
6 Referral Services	\$ 10.00	-	\$ -
7 Health Risk Assessment	\$ 30.00	-	\$ -
8 Care Plan Development	\$ 30.00	17	\$ 510.00
9 On-going Care	\$ 30.00	-	\$ -
10 Family Support Services	\$ 40.00	-	\$ -
11 Home Outreach Support Services	\$ 75.00	-	\$ -
12 Birth Outcome Confirmation	\$ 40.00	-	\$ -
TOTAL SUB-CONTRACTOR REIMBURSEMENT		132	\$ 1,980.00

Amount Due \$ 1,980.00

85



Created ▾ Status ▾ Approvals ▾ Transaction Type ▾ Account ▾ Amount ▾

7/9/2018 Authorized 1 of 1 ACH Batch - Tracking ID: 189960 LCP CHECKING xxxxx6649 \$1,980.00

Tracking ID: 189960

Created: 07/09/2018 9:52 AM

Created By: DOROTHY WALLIS

Authorized: 07/09/2018 9:53 AM

Authorized By: DOROTHY WALLIS

Will process On: 7/9/2018

Effective: 7/10/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$1,980.00	XXXX6569	Checking	XXXXX0153	

Addenda: CPC-RV-June 2018

APPROVAL(S):

1

DOROTHY WALLIS

PO# 2000 224936

SECTION I

INDIRECT COST



Invoice

June 2018

Dorothy Wallis
3813 North Flannery
Baton Rouge, LA 70814
(225) 215-0004 office
(225) 273-5931 fax

Description:	Amount:
Life Choice Project Administrator Monthly Salary	\$4500.00

Reviewed and Approved by: Tommy French

Sworn to and subscribed before me this 1 day of July, 2018

S. SCOTT WILFONG
NOTARY PUBLIC
ID # 82151
commission does not expire





Created	Status	Approvals	Transaction Type	Account	Amount
7/5/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 187378	LCP CHECKING xxxxx6649	\$4,500.00

Tracking ID: 187378

Total Amount: \$4,500.00

Created: 07/05/2018 10:48 AM

Total Payments: 1

Created By: DOROTHY WALLIS

Description: DOROTHY WALLIS, CEO

Authorized: 07/05/2018 10:49 AM

From: LCP CHECKING xxxxx6649

Authorized By: DOROTHY WALLIS

ACH Class Code: PPD

Will process On: 7/5/2018

ACH Header: CARING TO LOVE M

Effective: 7/6/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Dorothy Wallis	Dorothy Wallis		\$4,500.00	XXXXX49388	Checking	XXXXX0137	

Addenda: D Wallis-June 2018

APPROVAL(S):

1

DOROTHY WALLIS

PO# 2000 224936-0618

Section I-Indirect Costs-Project Admin

Caring to Love Ministries - Time Study Monthly Reporting Form

Period: June 2018

Dorothy Wallis

Employee Signature:

Date:

Summer Signatures

Date: 7/6/18

 Dorothy Walker	Date: <u>July 10, 2018</u>
 James G. Jones	Date: <u>7/6/18</u>



Group Payment Notice

CARING TO LOVE MINISTRIES

ATTN: DOROTHY WALLIS
3813 N. FLANNERY RD
BATON ROUGE, LA 70814

Group ID :	27A61ERC
Subgroup ID :	0000

Due Date: 06/15/2018
Billing Date: 05/30/2018

Invoice Period From : 06/15/2018
Invoice Period Through: 07/14/2018
Invoice Number : 181500000396

Subscriber Count: 1

Outstanding Balance..... \$0.00

Premiums This Period..... \$924.08

Member Adjustments..... \$0.00

Fees and Other Adjustments..... \$0.00

Current Billed Amount..... \$924.08

Please Pay Total Amount Due

\$924.08

04BA0028 R02/16

continued ↵

Blue Cross and Blue Shield of Louisiana incorporated as Louisiana Health Service & Indemnity Company.
HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc. are subsidiaries of Blue Cross and Blue Shield of Louisiana.
All three companies are independent licensees of the Blue Cross and Blue Shield Association.

RETURN THIS PORTION WITH YOUR PAYMENT

DO NOT SEND CASH. DO NOT FOLD, BEND, STAPLE OR PAPER CLIP THIS NOTICE OR YOUR CHECK
For change of address, please contact your Blue Cross Representative.

CARING TO LOVE MINISTRIES

ATTN: DOROTHY WALLIS
3813 N. FLANNERY RD
BATON ROUGE, LA 70814

Payment Coupon

Payment Due Date: 06/15/2018

Amount Due: \$924.08

Amount Enclosed:

Group ID : 27A61ERC
Subgroup ID : 0000
SECTION I Indirect Cost-Insurance

Invoice Number : 181500000396
LCP Budget to reimburse CTLM = \$250.00 for month
Blue Cross and Blue Shield of Louisiana - Group Payments
P.O. Box 650007
Dallas, TX 75265-0007

181500000396 0000092408 061518 27A61ERC 0000 1

**27A61ERC
CARING TO LOVE MINISTRIES
0000
05/30/2018**

Invoice Reminders

- Please call 1-800-495-2583 with questions regarding your invoice.
- Paying the Total Amount Due will expedite processing time and avoid delays.
- Any credits or debits to your account will be reflected in your next billing statement.
- To ensure statement accuracy, please send in any changes or cancellations immediately through AccessBlue at www.bcbsla.com. You may also fax Enrollment/Change forms to 225-298-2988, Attn: Membership & Billing. You can find the most current forms on AccessBlue.
- Amount* represents covered benefit amount for GTL, DL, ADD, VGTL, VADD, VSL, VSLA, VCL, VCLA, STD, VSTD, VHL, VHLF, VSE, VSEA, and covered payroll for LTD and VLTD products.
- "AXA" is the brand name of AEFS and its family of companies, including AXA Equitable Life Insurance Company (AXA Equitable) (NY,NY), MONY Life Insurance Company of America (AZ stock company, admin. Office: Jersey City, NJ) (MONY America), and AXA Distributors, LLC.
- All Group Life and Disability insurance products referenced as an "AXA" product shown on this invoice are issued exclusively by MONY America. This is not a Blue Cross and Blue Shield of Louisiana product. AXA is solely responsible for its insurance and claims paying obligations.

Save Time – Pay Online!

- As a reminder, you can now view and pay your bill through eBilling – the new and improved way to manage your monthly payments online!
- Later this year, you will receive your last paper invoice in the mail from Blue Cross and Blue Shield of Louisiana. Following that final invoice, you will have to view and pay your invoice online, through eBilling.*
- You must have an AccessBlue account to view and pay your invoice online. The person responsible for paying your invoice must be listed as an authorized contact with Blue Cross.
- Visit www.bcbsla.com to register for AccessBlue. Existing AccessBlue users do not need to re-register.

Paying Your Invoice by Mail

- In order for Blue Cross to process your manual payment, you must include the payment coupon from your mailed invoice and write your eight-digit Group ID and four-digit Subgroup ID (listed above) on your check.
- Please do not remit payments using invoice numbers.
- If your group has multiple subgroups and you are paying with one check, indicate the amount to be applied to each subgroup.
- Make checks payable to Blue Cross and Blue Shield of Louisiana, HMO Louisiana, Inc., or Southern National Life Insurance Company, Inc.
- Please allow 10 days for your payment to reach us via postal service.

SECTION I Indirect Cost-Insurance

*If your group is unable to utilize electronic billing, please contact your Regional Office LCF for a representative for Electronic Billing (\$250.00 for month).

GROUP SUMMARY

Group Name: CARING TO LOVE MINISTRIES
Group ID: 27A61ERC
Subgroup ID: 0000
Due Date: 06/15/2018

► PAYMENTS

Description	Date	Amount
Payment Received	05/09/2018	\$924.08
Total		\$924.08

► PREMIUMS BY COVERAGE TYPE - BCBSLA

Coverage Type	Sub Count	Total
Medical	1	\$924.08
Total		\$924.08

► PREMIUMS BY PRODUCT DETAIL - BCBSLA

Product	Sub Count	Total
PPO	1	\$924.08
Total		\$924.08

► PREMIUMS BY CLASS

Class	Sub Count	Total
A001	1	\$924.08
Total		\$924.08

SECTION I Indirect Cost-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month

EMPLOYEE DETAILS: CARING TO LOVE MINISTRIES

Group Name: CARING TO LOVE MINISTRIES

Group ID: 27A61ERC

Subgroup ID: 0000

Due Date: 06/15/2018

► A001 - ACTIVE EMPLOYEES

Subscriber Name	Subscriber ID	Product	Adjustment	Premium	Amount*	Total Premium
Wallis, Dorothy T	200579064	PPO	\$0.00	\$924.08	0	\$924.08
Totals						\$924.08

SECTION I Indirect Cost-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month



HANCOCK WHITNEY

Transactions Details

Posting Date	06/14/2018
Transaction Date	06/14/2018
Description	DDA CHECK 0000017971
Transaction Type	Debit
T/C	0075
Amount	\$924.08
Balance	\$13,900.15

Front Back

DISMANTLED DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED BORDER

CARING TO LOVE MINISTRIES
OPERATING ACCOUNT
3813 N. FLANNERY ROAD
BATON ROUGE, LA 70814
(225) 273-1124

17971

WHITNEY BATON ROUGE,
LOUISIANA

84-15754 6/8/18

PAY TO THE ORDER OF Blue Cross Blue Shield \$**924.08 DOLLARS

Nine Hundred Twenty-Four and 08/100

Blue Cross Blue Shield
P.O. Box 650007
Dallas , TX 75285

VOID AFTER 60 DAYS
OPERATING ACCOUNT

Melodie Miller AUTHORIZED SIGNATURE

MEMO Group ID 27A61ERC Subgroup 0000 8/15-7/14/18

THIS DOCUMENT CONTAINS HEAT SENSITIVE INK. TOUCH TO RELEASE RED INK WHICH DISAPPEARS WITH HEAT.

17971 00654001530

SECTION I Indirect Cost-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month

95